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ART. I.—*Fatal Poisoning from Corrosive Sublimate.* By H. GATCH CAREY, M. D., Dayton, Ohio.

MR. S., æt. 23 years, in a paroxysm of mental derangement, swallowed about one hundred and seventy grains of corrosive sublimate dissolved in spirits of nitre. Spontaneous vomiting supervened almost instantly, and was kept up by the free use of sulphate of zinc and mucilage, administered by his attending physicians, Drs. Hawkins and Diltz, who saw him within three minutes after taking the fatal potion. After the stomach had been thoroughly disgorged of its contents, consisting of the solution mingled with food which he had taken at his supper a short time previous, the albumen of several eggs, diluted with milk, was administered to the patient. Mustard and dry heat were applied to the epigastrium and extremities.

I saw the patient five and a half hours after he had taken the poison, and found him in a state of almost hopeless collapse. He was restless, features pallid, surface and extremities cool, pulse at the wrist perceptible only occasionally, great dyspnœa, constant nausea, and disposition to evacuate the rectum and bladder. Much difficulty in deglutition, but little pain or tenderness upon moderate pressure applied to any part of the abdomen. After the first hour, the fluids thrown up consisted of those taken to abate the thirst—which was not immoderate—mingled with blood. In some instances the ejecta consisted wholly of the latter, amounting occasionally to several ounces at a time. About forty minutes after taking the poison, the patient passed a natural motion from the bowels, which was followed by a considerable quantity of fluid

blood. Very soon after this, three half pints of urine and blood were evacuated, the latter fluid predominating. During the subsequent stages of the case, nausea and tenesmus were almost constant, the fluids passed consisting wholly or in part of blood.

The vitality of every part of the mucous membrane with which the caustic solution came in contact, appeared to be destroyed. The powerfully escharotic nature of the solution was indicated by a portion coming in contact with the integument of the chin, which in a few hours was converted into a light blister. The difficulty in deglutition appeared to proceed from the joint effect of narrowing the passage, and a greatly exalted sensibility of the glottis. The dyspnœa and loss of voice resulted from the caustic solution coming in contact with the chordæ vocales.

Reaction never was fully established. All the symptoms detailed at my first visit, increased in intensity until the patient died, which took place in thirty-six hours after the poison was swallowed. The nausea and retching became almost constant towards the conclusion of the case. Portions of the epithelium of the mucous membrane lining the œsophagus and stomach were distinctly perceptible in the ejecta, on several occasions during the second day.

The most remarkable feature of the case consisted in the early appearance of blood in the bladder. No urine was secreted after taking the caustic solution. Did the spirits of nitre, in which the corrosive sublimate was dissolved, determine the salt to the kidneys? A *post-mortem* could not be obtained.

ART. II.—*Poisoning by Arsenic.* By SAMUEL C. POINTER, M. D., Sr. Ass't House Physician, Bellevue Hospital.*

AGNES CORBET, a beautiful young woman, 21 years of age, was admitted to Bellevue Hospital on the 16th of January, 1856. She professed to have some uterine disease; and at 6 P. M., soon after her admission, when seen by her medical attendant, Dr.

* Read before the N. Y. Pathological Society, Jan. 23, 1856, and furnished by E. Lee Jones, M. D., Secretary.

Forthingham, she complained of nausea; her tongue was natural in appearance, and pulse slightly accelerated. She was ordered a soothing saline draught. At 8 o'clock P. M., during the temporary absence of the doctor, I was called to see her, and noted the following symptoms: Her countenance was not indicative of suffering; pulse 126, and wanting in volume; respiration 25 per minute; tongue natural; considerable tenderness on firm pressure on the epigastrium; skin moist and temperature good; feet a little cold. She had a burning pain in the stomach, cramps in the legs, and a sensation of cold over the whole body, together with frequent violent efforts to vomit, though nothing was discharged. On being questioned, she acknowledged that she was perfectly well up to 3 P. M.; but, beyond this, did not seem communicative in regard to the history of her illness. While cross-questioning her, she suddenly half rose in bed, seized me by the collar, stared wildly in my face, and confessed that she had swallowed a teaspoonful of arsenic at 3 o'clock. Vomiting ensued almost immediately, and was incessant up to 8 o'clock. Up to this time, there had been one alvine discharge, the character of which was not ascertained, and none subsequently occurred. There was a large quantity of dark-brown, turbid liquid by the bedside, which she had vomited, and which, on being tested, immediately gave the usual reaction of arsenic with the ammonio-nitrate of silver. In consequence of the copious vomiting which had already taken place, it was not thought advisable to use the stomach-pump. A mixture of equal parts of sweet oil and lime-water was administered in doses of two ounces every five minutes, whilst the hydrated sesquioxide of iron was in process of preparation.

At 9 o'clock she was restless; pulse 130 and feeble; respiration 30; skin moist and cool; tongue natural. The burning pain at the epigastrium, chilliness and cramps in the legs increased, and urine suppressed. The iron was administered at short intervals, brandy and sesquicarbonate of ammonia injected into the rectum, and heat applied externally. She occasionally vomited small portions of the remedies administered, and the restlessness became more marked towards 10 o'clock. Soon after 12 P. M., she became insensible to external objects, but still appeared in great pain, as evinced by her groans. At 1 A. M., the

pulse ceased at the wrist, respiration more labored and rapid, and at 3 o'clock (twelve hours after taking the poison) ceased entirely.

Nine hours post mortem.—Rigor mortis well marked; nutrition good; slight ecchymosis at depending spots. The dura mater was somewhat congested.

The *brain* was healthy. The *lungs* were in their natural state, except congestion of the large vessels. The right side of the *heart* was moderately distended, the left side contracted and empty. The *liver* appeared to have undergone some degree of fatty degeneration, but otherwise healthy.

The *stomach* presented nothing unusual externally. It contained about a quart of liquid closely resembling that vomited. Scattered here and there were numerous grayish-white pulpy masses resting upon portions of thickened and intensely injected mucous membrane. At one or two points near the pylorus the lining membrane was puckered, of a dark-red color, and looking as though extravasation had taken place beneath it. The œsophagus was not affected, and the greater end of the stomach not so much as the lesser. The same evidences of inflammation were found in the duodenum and jejunum, the deep red color gradually growing paler towards the ilium, which presented very little evidences of disease, except near the ileo-cæcal valve, where the capillary vessels were seen beautifully injected. The same morbid appearances noticed in the duodenum were presented perhaps more strikingly in the cæcum, the redness fading on approaching the transverse colon, and again assuming a deeper hue in the descending colon. The mucous membrane of the rectum exhibited narrow longitudinal bands of a fiery red color, having interposed narrower strips of pale and comparatively healthy tissue. At no point was there ulceration. Bladder empty.

From the liquids vomited and taken from the stomach, on applying Reinseb's test, were obtained the characteristic octahedral crystals of arsenious acid. Both the liquids and the white masses found in the stomach were tested at the hospital, and subsequently by Professor Draper, by Marshe's methods, and the arsenical ring was deposited on pieces of glass. A white powder found in her pocket also proved to be arsenious acid.

ART. III.—*Some Account of an Obstinate Cutaneous Eruption.* By ARIEL HUNTON, M.D., Hyde Park, Vt.

THE March No. of the REPORTER, page 151, contains a notice of a cutaneous eruption assimilating psora, or scabies. I will relate the sad experience I have had with it.

The first of last June my youngest son, aged 23, went to Stow in this county, to work at the harness business; he and another young man slept in the same bed. On the fourth day they began to have an eruption, with an intolerable itching; in two weeks their posteriors were so sore they quit work, being unable to sit on the bench: my son came home. I concluded he had what is familiarly called "the itch." He applied the precipitate ointment, (ung. hyd. nitratis) with no amendment. The inveteracy of the disease led me to inquire of the physicians in Stow. I found it had been there a long time, having been brought into the place by a man by the name of Fish, which circumstance gave it the appellation of the "*Fish Itch.*" Others called it the "*Prairie Itch.*" My son remained nearly the same through the summer, taking alterative syrups made of our indigenous vegetables, with iodide of potassium, Fowler's arsenical solution, iodo-hydrargyrate of potass, &c. &c.

In September, he attended school at Morrisville. While there a patent medicine vender presented him a bottle of "*Green Mountain Renovator,*" which he assured him would cleanse the blood of any humor, and cure him in two weeks. By the time he had taken the bottle, he was so covered with pustules that the finger could not be placed on his skin without covering a pustule. They were about the size of half a small pea. The day they made their appearance, they contained a serum, the next day pus, then would scab over, and some got well, others degenerated into an ulcer, and so continued as long as he lived. Where an ulcer had healed, it left a brown or copper-colored eschar; the itching, smarting, and burning were very annoying. I found in October that my son was diabetic, as he was discharging large quantities of urine, a common chamber vessel full in one night. The urine was dark, nearly the color of port wine, was not saccharine,

neither did it contain albumen, or any unnatural substance, by analysis. I have no doubt the diabetes was associated with, and occasioned by the skin disease; it subsided with no other remedy than vegetable astringents. When that was arrested his feet commenced swelling. Bandaging and diuretics were tried without effect, his whole body was anasarcous, even to his eyelids; hydrocele, ascites, and hydrothorax. The flesh was so tender that it was difficult to make any examination with the stethoscope, or by percussion. It was with much difficulty he could be moved; he required an erect or semi-erect posture. He died, or rather, *suffocated*, Feb. 22. His face was quite livid. He had on his body, and limbs, more than one thousand ulcers, and scabs. Those who laid him out were of that opinion, and I think it was true.

The young man who took the disease when my son did, was not covered with pustules to a great extent, and did but little for it: the disease was on him until September, when he was engaged in picking hops. He attended the kiln, and slept in his clothes, and got well; he attributed his cure to the flower of hops, and being precluded from scratching by his clothing.

Eight different physicians saw my son. If any prescription was recommended, it was an alterative; most of them did not prescribe any article, averring they had no knowledge of the disease.

I used a variety of lotions; weak suds, hop water, decoction of alder bark, sulph. potash, diluted pyroligneous acid, &c., but they caused such an itching and smarting that he was unwilling to endure it.

The last of my son's sickness, his lower limbs were so swollen that they were useless, except to stand on. I usually put my arms around him, to lift him from the bed or chair. I took no precautions, except cleanliness, to prevent taking the disease.

About two weeks before my son died, an eruption commenced on my arms, from my wrists to the elbow-joints, which required much scratching, and then the burning and anguish would be intolerable; my wife is in the same predicament.

My first application was to my left arm, a strong decoction of hops; to the right a strong tincture of lobelia. Those proving useless, I next applied to the left a spirituous tincture of rad. veratrum viride, to the right, yellow ball. This did not answer

the purpose. I then covered the left arm with nitrate of silver, and to the right applied a strong solution of sulphate potash, which allays the itching and burning more than any application I have used. The nitrate of silver appeared to kill the eruption, and when the cuticle fell off, the arm was smooth, but there was an itching and burning, and soon the eruption reappeared, which has been the case with both arms. I am now using an ointment consisting of lard, sulphur, pyroligneous acid, and oil of lavender. The results are as yet unsatisfactory.

There is an objection to carrying about one's self so strong an odor of the *pit;* but any remedy to rid myself of this irksome filthy disease. I sometimes fear I shall communicate it to some of my patients. At my present age, the most of my practice is in chronic complaints, and obstetrics. I am now taking sulphur, and supertartrate potassa, as an alterative and curative.

The above complaint has been in Stow for years, of which I had no knowledge, until my son was afflicted with it. I do not learn that there is any specific; a variety of remedies are used, some recover, and some have had it years; one person said to me, he would like to be shown a person who had completely recovered.

Most of the external applications used by the physicians in Stow, contain sulphur.

Art. IV.—*Variola and Vaccinia occurring in the same Subject.* By W. Johnson, M. D., White House, N. J.

Reading in the summary department of the April number of the Reporter, a case of variola and vaccinia, occurring in the same individual, brought up in vivid reminiscence a case which took place in my own practice, in the year 1824, and as it presents some points of interest, both psychological and pathological, I shall briefly relate it with some of the preceding and attending circumstances.

Somewhere about thirty cases of smallpox occurred in my practice in the winter of 1824. The first case broke out in the

person of an *enceinte* female, about six months advanced. This lady had not been from home in a month; had had no intercourse with a stranger; no foreign goods of any description had been received into the house, and no possible chance of variolation that was cognizant. *En passant*, I have seen three other instances very similar to this in which there was no possible clue to the variolation. My patient miscarried, and died before the real nature of her disease was ascertained, although I was assisted by able counsel. She was visited by a number of friends during her very brief sickness, and her funeral was numerously attended. The disease spread among her neighbors, and proved fatal to about one-fourth of the adults attacked; all the children recovered. One adult who had been vaccinated eighteen years before, had mild varioloid. No other persons protected either by previous smallpox or cow-pox had the disease, although one of the principal nurses had been vaccinated fourteen years before.

The point of interest, however, to which I would direct attention, is this. A Mrs. K., a young married woman (whose husband was protected by previous vaccination), had the disease in its most malignant form, and it proved fatal. Decomposition of the body took place so very rapidly after death as to compel to a very hurried and informal interment. A few days before the death of Mrs. K. she was visited by an older married sister, aged about 35 years, one Mrs. W., who was not protected against infection either by previous inoculation for the smallpox, or by vaccination. This Mrs. W. had a large family of children, and not one of them protected against smallpox. She was a professor of religion, and *had imbibed the fanatical notion that if she really had faith she could safely visit her sister, Mrs. K.* She presumptously put her faith to this test, and not satisfied with *visiting Mrs. K.*, did actually *sleep* with her. After the lapse of a few days, Mrs. W. became very uneasy in her mind, and sent for me. She told me that she was fearful that she had done wrong, and requested my advice as to her proper course of conduct. I recommended immediate vaccination of herself and children: (the husband had had smallpox in his infancy.) I had recent vaccine virus with me, and introduced a portion of it into the arms of Mrs. W. and her children. Her children (six or seven in number), as well as Mrs. W., all took the vaccine, and everything progressed favorably

until somewhere about the sixth day. The further development of Mrs. W.'s vaccine vesicle was now arrested, whilst those of the children ran on their normal course to maturation. Mrs. W. became sick, and in a few days after, a varioloid eruption, amounting to about sixty vesicles, now took place. As far as my recollection extends these vesicles became pointed, and had not the indentation on their apices which is characteristic of genuine smallpox. It was an imperfect disease under which she was laboring, and it ran an abbreviated course. She soon recovered. During the whole course of her disease, her children were daily in her apartment without the slightest detriment to them. But the most remarkable feature in this case was this. After the varioloid disease (I think that I rightly name it) had completed its course, the arrested vaccine now went on regularly to maturation.

I took no note of this case at the time, as I was then, and for a long time after, oppressed with an onerous practice, but I have faithfully stated the prominent features of a case which will never be erased from my mind so long as memory performs her office.

I have a simple remark to make. The antagonistic and mutually controlling influence of these diseases was strikingly exemplified; *she had not genuine variola, neither had she perfect vaccinia.*

Art. V.—*Plumbi Acetas.*

[Dr. W. Johnson writes as follows in respect to the internal use of acetate of lead, his remarks being called forth by an article in the April number of the Reporter, by Dr. Challiss.—Ed. Med. and Surg. Reporter.]

I do not intend to enter a rejoinder to Dr. Challiss. Both our articles on the internal use of the sugar of lead are before the medical public, and await their judgment. I regret that anything that I had written should be construed by Dr. Challiss into disrespect to the opinions of such men as the late Dr. Hosack, and the present illustrious professor of Jefferson Medical College; men whom I have ever considered as lights of the first magnitude in the galaxy of medicine. Such evidently seems his impression from his apostrophe at the close of his second paragraph.

Mrs. C.'s case, which Dr. Challiss relates, is confessedly an important and a very instructive one, but I would respectfully ask, is it not an *extreme case?* Let the profession then decide, whether we should discard from our therapeia a remedy of acknowledged power from the *possibility* of its proving injurious?

ART. VI.—*Translations from Foreign Journals.* By CH. F. J. LEHLBACH, M. D., Newark, N. J.

I. *Physiological Effects of Veratrine.*—MM. Faivre and Leblanc, of Paris, have made a great many experiments on the physiological effects of veratrine, and they have lately reported the result of their investigations to the Academy of Sciences. Their conclusions are the following. Veratrine exercises three different effects upon the animal organism. These effects stand in direct relation to the smaller or larger dose administered.

1*st Period.* Veratrine acts first upon the alimentary canal, raising its sensibility and contractility and increasing the quantity of its secretions. Hence it assumes a purgative effect, which is, however, by no means owing to some local irritation, for the same purgative effect is observed when the article has been injected into veins or into the subcutaneous cellular tissue.

2*d Period.* Is marked by the sedative influence of the remedy upon the circulation and respiration, the pulse becoming diminished in frequency as well as in strength.

3*d Period.* The dose of veratrine being increased, its prominent action is upon the nervous system and the muscles of animal life. This is manifested by tetanic spasms, which increase in severity and kill the animal in the course of 30 to 60 minutes.

II. *Physiological effects of Atropine.*—Dr. Grandi, who used atropine with success in several cases of epilepsy, enumerates its physiological effects as follows:—

1*st. Dryness of the cavities of the Mouth and Pharynx.* At first this symptom seems to be purely nervous, but soon these parts become actually dry, the salivary secretion being diminished.

2*d. Difficulty of Swallowing* (disphagy) follows soon after the

appearance of dryness in the mouth, and only with the greatest exertion of the muscles of the neck and pharynx the patient is able to swallow.

3*d*. *Impaired power of Speech* and almost (sub-)paralytic state of the tongue. A few days after the effects of atropine have commenced to become apparent, a peculiar slowness and difficulty of articulating words is observed, which symptoms have previously been noticed by Bouchardat and Stuart as among the most remarkable effects of this agent.

4*th*. *Mydriasis, dilatation and immovability of the Pupil.* One of the first and most constant phenomena is an enormous dilatation of the pupil. It is also the symptom which remains longest, often lasting until the eighth day after the remedy has been discontinued.

5*th*. *Dimness of Sight.* Objects seem first to be enveloped in a white mist, their outlines become indistinct, the patient is unable to recognize persons, and if a large dose has been administered, total blindness may ensue.

6*th*. *Torpor and Paralytic Tremor.* As soon as somewhat large doses of atropine have been given, this symptom appears in the extremities, especially the lower, though they are under the control of the will; when the dose, however, has been very large, the muscular motions become automatic and convulsive, simultaneously with unconsciousness.

7*th*. *Disturbance of Intellect.* Indolence first, then tardy, indifferent or incorrect answers, and subsequently dizziness and drunken-like stupor.

8*th*. *Ocular and Auricular Hallucinations.* The patient hears a variety of noises, blowing, humming of insects, etc., and sees known, but disfigured and distorted faces and persons, or grotesque forms.

9*th*. *Delirium or Stupor.* Whenever a large dose of atropine has been taken, delirium makes its appearance, mostly of a serene character. The patient is talkative, overlooks or forgets surrounding objects and circumstances, his imagination is turned upon remote, fanciful objects, and his actions and words are incoherent.—*Medicinische Neuigkeiten.*

III. *Inhalations of Chloroform in Pneumonia and Bronchitis.*—After frequently repeated trials, Dr. Drescher and Lemke have

confirmed the usefulness of inhalations of chloroform in pneumonia and bronchitis. The chloroform was inhaled through the nose, in doses of 30 drops every hour, each inhalation lasting 5 to 10 minutes. As soon as an amelioration of all symptoms was manifest, the dose was reduced to 20 drops every two hours, and continued until convalescence took place. The favorable results obtained by this medication were surprising. After the first few inhalations the subjective signs, as dyspnœa, pain, and cough, diminished in severity, and disappeared entirely in the first two or four days. At about the same time, or a few days later, the sputa lost their bloody character, though they remained tenacious and adhering to the walls of the vessel until the fourteenth day, when the expectoration ceased entirely. The pulse began steadily to diminish from the second day of treatment. In a case of double pneumonia the pulse was reduced from 120 to 80, on the second day after the chloroform was resorted to. If perspiration was absent at the time of the first inhalation, it appeared soon after, and in not a single case did it appear later than the fourth or fifth day. During the first two or three days, perspiration was very active, but then subsided. In reference to the duration of the disease under this treatment, complete recovery seems not to be induced any sooner than under the depletory method. The advantages of this mode of treatment, however, are: 1st. Its simplicity; 2d. Its applicability in cases in which the character of the disease or the individuality of the patient forbid every energetic or active medication (asthenic forms of pneumonia and suspected tuberculosis); 3d. The rapidity with which the troublesome subjective symptoms are ameliorated and removed; and finally the early approach of convalescence, the patient being able to leave his bed generally as soon as the fourteenth day of treatment.—*Prussian Military Medicinal Reports.—Medicinische Neuigkeiten.*

PATHOLOGICAL AND THERAPEUTICAL REPORTS.

Art. VII.—*New York Pathological Society.* Reported by E. Lee Jones, M. D., Secretary.

Regular Meeting, *Jan.* 9, 1856.

Double Dislocation of Knee.—Dr. Gouley exhibited the *knee-joint*, presented by Dr. Finnell at the last meeting. On dissection, he found there was no rupture of the external lateral ligament, but a rupture of the internal lateral ligament. The external condyle of the femur was bare, its internal face studded with cartilaginous masses. The patella at points covered with similar masses—the inner half rested on the external condyle of femur; the outer portion was free. Crucial ligaments healthy. The external semilunar cartilage destroyed; inner one normal.

Dr. Markoe remarked that the interesting point was, whether the dislocation (25 years since) was the original injury, or subsequent and dependent on muscular action. He thought it was due to the first cause.

Dr. Isaacs presented a specimen of *ossification* of the *pleura*, or rather of the fibrous tissue under the pleura. No history. Obtained from dissecting room.

Malignant Tumor of Tongue.—Dr. Gurdon Buck presented a *tumor*, together with the tongue and surrounding parts. It was obtained from a child two years and three months old. It was first noticed by the mother, at the age of six months. The little patient was first seen by Dr. Buck, on the 4th day of November, 1854, a remarkably fine, healthy, sprightly child, 13 months old. At this time, there was a tumor under the tongue, developed in the folds of the frænum, about the size of a filbert—so elastic and tense, as to render it doubtful whether it contained fluid. A few threads of silk were introduced through the growth. Some weeks elapsed before the patient was next seen. It had much increased in size, affected the speech, and from the points of insertion of the silk, was a fungous mass, closely connected with the inner surface of the tongue. He now concluded to attempt its removal, first explaining to the parents the difficulty and danger of the operation, which was commenced by passing a double thread transversely through the tumor. He hoped, by breaking up the adhesions, and dividing the mucous membrane, to enucleate the tumor; in this, however, he was disappointed. By means of a scalpel and the finger nail, he removed the greater part of it. It was found impracticable to remove all of the mass; a portion, situated deep in under the tongue, remained. It was more attached on the left than right, and extended to the base of the tongue. The hemorrhage was but moderate. The parts healed kindly.

On the 30th day of June, he was again consulted by the parents. In two

or three spots, the superior surface of the tongue was elevated by little tumors, having a pedunculated neck, growing from its under surface. It was now proposed to ligate the lingual arteries on both sides, thus hoping to diminish the growth of the tumor, and in the event it should be deemed expedient, then entire extirpation of the tongue could be more easily and safely performed. It was, however, concluded not to subject the patient to the operation. In a few days, from Saturday to Wednesday, a rapid and sensible increase of the swelling occurred. This, however, did not continue; but on the contrary, a remarkable subsidence of the mass then followed. In October, the growth protruded from the mouth, separating the teeth; the patient could still swallow fluids, and his strength kept up. The parts again collapsed, and the tongue receded within the mouth. In a few weeks it again protruded. On the 18th of December, it extended an inch from the mouth. One half had been separated by sloughing; the other portion was foul and black. The stomach still maintained its powers of digestion. The child died about two weeks after.

A portion of the tumor, removed at the first operation, was examined by the microscope, and, as well as he remembers, there was no proper characteristics of cancer observed. The present specimen had been examined by Dr. Clark, who would state the result of his examination.

Dr. Clark remarked, the tumor evidently consists of two distinct parts; one, a white crust, resembling cartilage, of considerable firmness; under that, it was vascular and dark in color. The external covering was composed of fibrous tissue; the other, of vessels and nucleated cells. He regarded it as malignant.

Spinal Meningitis—Hydrophobia.—Dr. Clark presented the *spinal cord*, removed from a patient who died of *hydrophobia*. He received it from Dr. Turner, of King's County Hospital, L. I., who furnished the following history of the case:—

Cornelius Wurges, a German, aged 22, was admitted to the Hospital, Saturday evening, Dec. 17. He had been bitten by a dog on the extremity of the thumb of the left hand, on the 12th of November last. According to his statement, the teeth of the animal had not broken the skin, but had caused some blood to collect under the nail, which he pressed out. The dog was tied up for two days, and then let go—and it is not known whether he had rabies or not. The patient was taken ill on the Tuesday previous to admission, with chills and vomiting: Dr. Andrews, of East New York, was sent for. At first, he supposed it to be a case of commencing remittent fever, but discovered that the man could not drink or eat; and that when he attempted to do so, he was seized with spasms.

At first, he denied having been bitten, but at last admitted it, when closely questioned. Dr. Turner first saw him on Saturday afternoon, in company with Drs. Ingraham and Andrews. He was walking about the room, supported on each side by an assistant. His limbs tottered under him, and appeared weak. He was quite talkative, face slightly flushed, tongue coated, pulse 120, and weak.

Under the nail which had been bitten, was a blue mark, such as is left

after a bruise, and the whole thumb was hot and swollen. He complained of pain in the elbow, and the lateral regions of the thorax. He made several attempts to drink milk, but gave it up as impossible. When brought to the hospital, he expressed himself as feeling better, and drank a spoonful of tea, but no sooner had it touched the pharynx, than he sprang up from the bed and gasped for breath. He explained the difficulty, by saying that his tongue had swelled, but nothing more than a greater amount of redness about the fauces could be observed, on looking into his mouth. He complained of pain when pressure was made on the larynx, or on the sides of the neck, on a level with the angle of the lower jaw. The back was blistered by applying for twelve minutes, two strips of muslin eighteen inches long, by two and a half inches wide, spread with vesicating ammoniacal ointment, leaving about one inch of the median line clear, and extending from the nape of the neck downwards. The vesicated surface was dressed with an ointment containing gr. j. morph. sulph. He was quiet until 9 o'clock, when he became very violent, requiring three strong men to hold him. He appeared suspicious, and afraid that the nurse intended to harm him; cried out that they were going to murder him, and shouted out at the top of his voice, *Watch! mad dog! mad dog!!* While struggling with his keepers, he seized one of them by the arm with his teeth, making an abrasion of the cuticle, and they stated that through the night he made several attempts to bite them. It was found necessary to tie his feet together, and confine him to the bed, by passing a sheet over his chest and fastening it to the bedstead on each side. He continued in an excited state throughout the night, and up to 7 o'clock in the morning. On Sunday morning he was quiet, but much weaker, and evidently rapidly failing. His pulse varied from 130 to 150. The conjunctivæ were injected, and the eyes had a glossy expression. His face and body were covered with a profuse perspiration, and the feet were cold. He said the fingers of the left hand felt stiff, and the hands looked blue, as they do in some cases when the circulation is obstructed. He complained of pain at the epigastrium. From examination of the part bitten, after death, it appeared most probable that the dog's tooth or teeth had passed under the nail. When raised in bed, he spat out some tough, white mucus. He was so sensitive to currents of air on his face, that the breath of those standing several feet from him brought on spasms, and he cursed them for throwing things at him. No other part of the surface was very sensitive when touched or blown upon. Some beer was brought to him at his request, and he tried to drink it, but was unable to get it to his lips. There seemed to be some regularity in the occurrence of the spasms, coming on about every half minute. Chloroform by inhalation was tried, hoping that it would allay the spasmodic action, but he died about 12 M., before it could be determined whether its administration would have been beneficial or not. At the *post-mortem*, all the organs appeared healthy, with the exception of the spinal cord, and the papillæ at the base of the tongue, and congestion about the fauces and epiglottis.

[The thanks of the society were voted to Dr. Turner, for this very interest-

ing case, with the request that he would favor it with further communications.]

Eburnation of Os Femur.—Dr. A. C. Post laid before the society a specimen of *eburnation* of the *femur*, occurring in a female, thirty years of age. For twelve years there was some swelling and discharge from the knee; still she was able to go about, and her health continued good. The knee was stiff, and showed marks of old sinuses. Two or three months since, the swelling increased, becoming firm, the skin red, tense and glossy; and her suffering severe. An incision was made over the thigh bone, and the trephine applied. By these means the pain was relieved, but the swelling continued to increase; and within a week or two, the pain recurred as violently as before. He removed the thigh on Monday, and was surprised at the great resistance to the passage of the saw. On examination, the bone was found to be two or three times heavier than in a normal state, and the medullary cavity obliterated.

Regular Meeting, *Jan.* 23, 1856.

Cirrhosis of Liver.—Dr. Finnell presented a specimen of *cirrhosis of the liver*, taken from a woman twenty-two years old, admitted into St. Vincent's Hospital on the 12th of this month, having a chronic ulcer of the leg. The second day after admission she complained of a sensation of faintness, and was, in consequence, unable to leave the bed. In a few hours the skin became jaundiced, and on the following morning the presence of abdominal effusion was evinced by distinct fluctuation. She had no pain.

Jan 14th.—Commenced vomiting; pulse 85; mind clear; skin cool. She expressed a desire to return home, if her sickness was likely to prove serious. In the evening she vomited a large quantity of blood, and shortly after died. *Post-mortem examination* revealed the peritoneal cavity containing three quarts of serum. In the stomach was found a quantity of coagulated blood. On carefully washing the organ, no morbid appearance was observed. The liver was extensively cirrhosed, being diminished to one-half its natural size, nodulated, and firm in texture. The vena portæ was filled with fibrinous coagula. The hepatic, cystic, and common ducts were much contracted.

Poisoning by Nitrate of Silver.—Dr. F. next exhibited the *stomach* of a *child*, four years of age, who was poisoned by 40 grains of nitrate of silver—the case occurring in the practice of Dr. Belden, of Hudson Street. Catharine Gould, aged four years, swallowed on the 1st day of July, 1855, two scruples of nitrate of silver. For the first five or six days no unpleasant symptoms were exhibited by the child, or perceived by its parents, the little one continuing to run about as usual, and amusing herself with her wonted plays and amusements. On or about the sixth day it was attacked with violent mucous diarrhœa, which continued for nearly two months, attended with extreme emaciation and impaired appetite. After the usual remedies had been given for some six weeks, ordered the following mixture: ℞.—Bals. Copaibæ ℥ss., Mucil. Acaciæ ℥iijss., M., and administered in teaspoonful doses every four hours. Twenty-four hours after using it, the lips, gums, and teeth became encrusted with the caustic on the mucous membrane of the

mouth and fauces. The action of the nitrate of silver was evident; the sputa appeared as if nitrate of silver had been dissolved in them. Continued the use of the balsam, etc. On the ninth day after commencing the balsam, the diarrhœa became less, the action of the caustic in the mouth, on the lips and teeth, disappeared; and in about two weeks all unpleasant symptoms had subsided. The child improved in flesh, and became apparently well, and continued so until the beginning of last December (five months after swallowing the poison), when it showed symptoms of typhoid fever—such as a dry, mahogany colored, and fissured tongue; pulse 120 per minute and small; very restless; skin hot, dry, sensitive, and of a dusky tint; eyes glassy and wild, pupils dilated; an inveterate disposition to pinch its own nose; some delirium; great languor and spasmodic movements of upper and lower extremities. These symptoms continued more or less severe for fifteen days, when the child began to improve, and on the eighteenth was convalescent; tongue became moist, and lost its brownish hue and fissure; skin natural, moist; all the secretions normal; took nourishment, and continued to improve for some two or three days; but after that period a relapse of the above-mentioned symptoms reoccurred, and continued for a few days, when it again began to improve. In four weeks from the first attack of typhoid fever, in the beginning of January, 1856, the child was permitted to eat apple pie, rather under baked, and from that period there was no disposition to take nourishment. On the following day it began to vomit biliary matter, and continued to do so until death; it invariably refused nourishment. Great thirst, loss of appetite, and vomiting of bile, were the only symptoms observed. The alvine evacuations were natural. It was free from pain or tenderness during the whole period, until about three hours before death, when the little sufferer began to complain of excruciating pain in the epigastric region, and sank very rapidly on January 19th, 1856.

Autopsy, twenty-six hours after death. The stomach presented three ridges, where the caustic had probably first rested. At these points the mucous membrane was much thickened and elevated.

Dr. Markoe inquired if there was any evidence of any arg. nit. in the discharges.

Dr. F. replied, that point was not looked into.

Dr. Metcalfe suggested, that as this was an interesting and novel case in the annals of the Society, the elevations of the stomach be submitted to minute examination by the microscope, to learn what changes, if any, had occurred in its structure, and he moved that Dr. Clark, in connection with Dr. Finnell, be requested to make the examination. Adopted.

Cirrhosis of Liver—Hæmatemesis.—Dr. Finnell next presented a specimen of *cirrhosis of the liver*, obtained from a man forty-four years old, who applied a few months since for advice at the Demilt Dispensary, suffering then from debility and abdominal effusion. At one period he had been very intemperate, but of late years had entirely abstained from drink. In May, 1853, copious hæmatemesis occurred, which has been repeated on several occasions. At the time of his application, the prominent symptom observed

was the ascites. Examination of the heart and lungs detected nothing abnormal. No albumeni n the urine. The dropsy was considered as dependent upon cirrhosis. The treatment was palliative.

Autopsy, made by Dr. W. B. Bibbins :—

Lungs healthy; but a single old pleuritic adhesion, which connected not very firmly the base of the left lung to the diaphragm. *Heart* was in normal state, except a few small patches of organized lymph upon the surface, showing that slight pericarditis had formerly existed. *Abdomen*—the intestines were glued together by extensive old peritoneal inflammation, apparently having no relation to the recent operation of paracentesis abdominis. *Liver*—right lobe was adherent to the diaphragm, and part of the left, from firmness of adhesions, was in the removal torn off; on expression no pus, only serum exuded. *Kidneys*—left had lost entirely line of distinction between the cortical and pyramidal portions, while the right showed a similar diseased condition not as far advanced, effused fibrin giving them a very distinct outline. *Spleen*—generally adherent, enlarged, carnified, with much fibrin thrown out around the vessels. *Stomach*—contained a large quantity of venous blood; was lined with inspissated mucus, but presented no ulcerations or other lesions.

The opinion seems warranted, that not only the contraction of the portal vein, but also the inflammation of the smaller mesenteric veins during the peritonitis causing obstruction to the circulation from fibrinous effusion then, and the subsequent contraction of *their* surrounding cellular tissue, produced the ascites.

Dr. Clark remarked, that the cases of cirrhosis were interesting in one particular, viz: hæmatemesis, without any lesion of the stomach. Dr. Metcalfe had first called the attention of members, a few years since, to the frequent occurrence of this symptom in the disease in question. The liver being firm and hard, and the circulation obstructed, it is easily conceived how the hemorrhage of the stomach is a consequence of the obstructed circulation.

Aneurism of Aorta, bursting into Œsophagus.—Dr. McCready exhibited a specimen of *aneurism of the aorta*, bursting into the œsophagus, obtained from a young man, 28 years of age, and read the history of the case.

Charles H., æt. 28, applied to Dr. McCready on the 13th September, 1855, for advice. He was a well-built, fine-looking young man, accustomed to much active exercise in the open air. According to his statement, his health had always for a number of years been perfect, and he now was well, with the exception that he was attacked at irregular intervals with an intolerable feeling of pain and oppression at the epigastrium, which after lasting for a short time, would be relieved by the eructation of a quantity of watery fluid. The fluid thus brought up was without taste or smell. His appetite was good, his bowels regular, the tongue clean, the skin soft, and the complexion clear. The complaint had existed about a fortnight, and the attacks generally recurred once a day. Bismuth, and afterwards hydrocyanic acid, were ordered, but afforded no relief.

On the 23d of Sept., H. summoned Dr. McC. to his house. Within the last twenty-four hours he stated that he had become much worse. He complained of a very distressing pain and sense of oppression, which he referred to the præcardium and to the space under and at the cartilages of the false ribs on either side. He had had repeated attacks of vomiting, and could retain nothing on his stomach. His countenance was pale and anxious, and his respiration was hurried. The pulse was good, but somewhat increased in frequency. The bowels, heretofore regular, had not been moved for the last twenty-four hours; there was slight occasional and somewhat hoarse cough; his voice, too, was somewhat hoarse; this condition continued unrelieved for a week, apparently unaffected by the remedial agents employed; mercurial purges and enemata, nitrate of bismuth, morphia, hydrocyanic acid, with local applications to the seat of pain. Towards the latter part of this time, pain in the left shoulder and along the inner side of the left arm was much complained of. The peculiarity and obstinacy of the symptoms suggesting that they might be caused by some organic disease, his chest and abdomen were repeatedly and carefully examined without any morbid signs being discovered. While he was perfectly quiet, he often enjoyed intervals of comparative ease, but the slightest exertion would renew his distressing symptoms, the deathly sickness at the stomach being most complained of. After any unused exertion too, or after a paroxysm of coughing, the hoarseness would be much increased, so that the voice would become almost extinct. At the end of a week his symptoms were gradually mitigated; he still, however, continued unable to take exercise Walking a short distance, two or three squares, riding in an omnibus, or ascending a flight of stairs, produced a renewal of the sickness at the stomach, and the difficulty of breathing and the hoarseness.

Nov. 1st. To this time H. remained about the same, though there was, perhaps, some slight improvement; he was able to take a little more food, and retained it somewhat better; he complained, however, of great difficulty in swallowing solids. On again examining his chest, I found that in a space first beneath the inner third of the clavicle and extending as far as the middle of the sternum, there was decided dulness on percussion; over the greater part of this space a pulsation, synchronous with that of the heart, could be felt, and the heart's sounds could be heard with great distinctness. The breath sounds were coarse and rough, and on the left side the respiratory murmur was interrupted. The left clavicle appeared somewhat crowded upward, and there was no pulse to be felt at the left wrist.

8th. The patient was visited to-day by Dr. J. T. Metcalfe in consultation.

10th. H. during the past night complained of a severe pain in the back, which distressed him greatly, and lasted for a number of hours. This morning he feels decidedly better than he has done for a long time, moving more briskly and freely; the pulse can be felt, though feebly, in the left radial artery. The abnormal pulsation is stronger; the area of dulness increased; the clavicle further crowded up.

25th. Much the same as before; the pain in the back has occasionally troubled him, but he now refers his distress mainly to the left side, in the

shoulder and under the shoulder blade. There is decided fulness, almost tumor, back of each clavicle, and loud respiratory murmur can be heard there; the natural depression at the top of the sternum is lost and replaced by a decided swelling. At times, according to the family, now on one side, now on the other, a soft, egg-shaped swelling has appeared there. Over the dull space, the heart's sounds are now heard, faint, distant, and metallic in their character; the pulse still felt in the left radial, though with difficulty. It is likewise felt in both carotids, though much deeper seated than usual. He yesterday had a terrible and long-continued paroxysm of dyspnœa—he is much distressed by paroxysms of cough.

Dec. 1*st.* H. has again had a terrible attack of pain. This time, however, it was altogether in the back and right side, extending from beneath the clavicle to the hypochondrium; he felt, he expressed himself, as if he were being torn by red-hot pincers; the difficulty of swallowing is much aggravated; the pain in the back, too, is becoming more constant and troublesome. He has lost flesh greatly, and has a pale, sallow, anxious look, and is gradually losing strength. The area of dulness has considerably increased, extending from the junction of the second right rib with the sternum to about half way between the sternum and edge of the axilla on the left side, or about three inches in perpendicular depth.

17*th.* During the day H. had been particularly bright, cheerful, and free from pain. Early in the evening he had a severe spell of coughing, attended with a feeling of impending suffocation; suddenly he exclaimed something had burst inside, put both his hands upon his abdomen, became deadly pale, and expired.

Post-mortem examination reveals the dilatation commencing at the left carotid; left subclavian obstructed. The aneurism lay upon the œsophagus, into which was a large ragged opening. The stomach contained three pints of blood. The contents of the tumor were fluid; there was an entire absence of laminated fibrin, which circumstance accounted for the varying size of the mass from time to time, and the nervous phenomena were probably due to the stretching of the par vagum. The bodies of several of the vertebræ were absorbed.

Dr. Clark inquired if there were any atheromatous patches?

Dr. McCready replied, a few spots were observed.

Dr. Isaacs considered the symptoms explained in a remarkable degree by the pathological condition of the specimen.

Cancer of Colon.—Dr. T. F. Cock presented a specimen of *cancerous disease of the small intestines*, removed from a female patient 23 years of age, single, admitted into the New York Hospital, on the 17th December, 1855. She states that she has been subject to obstinate and frequent attacks of nausea and vomiting, with pain, resembling cramps, increased on pressure, in the right iliac fossa. The first attack occurred in June last. Of late the paroxysms have increased in number and severity. On admission, she was pale, emaciated, and cachectic; abdomen sunken; breath offensive; tongue moist, red and furred; substance vomited green and abundant. Physical examination revealed the organs of the chest healthy; the entire trouble was re-

ferred to the abdomen. She continued comparatively comfortable for a month after admission, when on the 18th January, 1856, at the morning visit, she was found in much distress, having suffered greatly during the night. Examining the abdomen, a tumor was found, situated in the epigastric and umbilical regions, extending to both hypochondria, well defined, hard, painful to the touch, resembling in form a distended stomach. On the right side there seemed to be a smaller tumor, connected by membranes with the larger mass; also there could be felt a body of greater density than the remainder of the tumor, movable, situated to the right of the main tumor, giving a sensation similar to the hard parts of the fœtus, within its membranes; between the two was a depression. The shape of the whole mass was semilunar, the concavity upward; greatest breadth near the centre; its margin, on the right, irregular; no fluctuation; its surface irregular, almost nodulated. It was conjectured that it might be the stomach, pushed below its natural position, and enlarged by carcinomatous growth. Treatment adopted was palliative and sustaining. The next day she had a copious evacuation of almost pure blood, about a pint; the day after, another. She died on Monday, the 20th January.

Post-mortem Examination.—Externally no evidence of a tumor. On opening the abdomen marks of recent peritonitis observed. No tumor was found. The intestines were everywhere glued together by old adhesions. The parts were so much disorganized that it was impossible to state particular portions of the intestines were diseased, other than to say that the disorganization was confined to the small intestines. Commencing at a point where several small tumors existed, the intestines dilate; and below, for the space of eighteen inches, the gut was dark, soft, and permeated with small holes. Some of them were probably caused in removing the viscera, as the fluid in the abdominal cavity was similar to that found in the intestines themselves. Two feet below this it again changes, becoming more normal. The stomach was healthy. The little masses he considered of a cancerous nature.

Cutaneous Cancer.—Dr. J. M. Markoe presented a specimen of *cutaneous cancer*, removed from the back of a young woman, which commenced three years since, without any evident cause, in three small pimples. The absence of pain, its form, hardness, and appearance induced him to consider it a variety of cancer.

Luxation of Radius Forwards.—Dr. Markoe next laid before the society a specimen of *luxation* of the *radius forwards* at the elbow, taken from a man about twenty-five years old, who entered the New York Hospital some weeks ago, with a severe injury of the left elbow, received by a fall from a bridge down on to a railroad track, striking against the iron rail. When admitted, swelling had already taken place, and much obscured the diagnosis. The whole limb was deformed; a deformity, however, which was easier appreciated than described. On the anterior aspect of the elbow could be felt a long prominence, which moved in rotation of forearm, which motion produced abundant crepitus, apparently directly under the finger. A large lacerated wound existed on the posterior and outer aspect of the joint, from which numerous fragments, apparently from the side of the olecranon, were

taken away. The injury was considered so serious, the joint being extensively opened behind, that but few attempts at reduction were made, and these unsuccessfully, it being a mere question of primary or secondary amputation. It was decided to leave the limb for secondary amputation, not overlooking the possibility of its being saved without operation. Hope of such a result was soon abandoned. The inflammation and suppuration following were so extensive and severe as very nearly to destroy him, and the arm was finally amputated, as the only means of saving his life. The diagnosis made by Dr. M., of the injury at the time, was fracture of the neck of the radius, with displacement of shaft forward, as in luxation. There was undoubted fracture of the ulna lower down.

The *specimen* shows the head of the radius thrown forward upon anterior surface of the humerus, and the ulna fractured three inches lower down. Now, on grasping the specimen with the thumb on the head of the radius, the fingers behind embrace the portion of the ulna, which is fractured. The crepitus thus transmitted was so clear and distinct, on rotating the forearm, as to lead to, and explain the mistake made in the diagnosis.

Laryngitis—Cast of Trachea.—Dr. Metcalfe exhibited a *cast* of the *trachea* obtained from a lying-in patient of Bellevue Hospital, attacked with laryngitis; the symptoms were so urgent as to demand the operation of laryngotomy. She died partly from asthenia, and partly from asphyxia. On inspection, false membrane was found behind the epiglottis, lining the whole interior of the larynx, and extending down to the fourth division of the bronchial tubes. The specimen is a complete cylindrical cast of the trachea.

Membranous Croup.—Dr. M. then presented a fatal case of *membranous croup*, in a child five years old, in which there was expectoration of an unusual cast of the trachea. Hannah Humes, æt. five years, born in New York, was taken sick on the 27th September, with symptoms of croup. The mother, not supposing the child to be very ill, treated her herself, giving hot baths, several doses of castor oil, and an emetic dose of pulv. ipecac., which, however, did not produce vomiting. The child becoming worse, on the 30th Sept. a physician was called to see it, who found it with membranous croup, and, on examination of chest, detected pneumonia in both lungs; there was considerable dyspnœa, coming on in paroxysms; pulse 110, and feeble; skin hot and dry; tongue slightly coated; bowels regularly moved. Ordered leeches to the chest, to be followed by fomentations, a purgative of calomel, and syr. ipecac., with tinct. aconiti rad. After the child had taken about half an ounce of syr. ipecac., and about five drops of the aconite, she threw off this membrane; but continued to sink, and died on 1st October.

On inspection, the exudation is seen extending down to the fourth and fifth division of the bronchi.

Fibrous Bronchitis.—Dr. M. also presented a similar instance, in a girl thirteen years old; and a perfect *cast* of the bronchial tube, expectorated by a woman fifty-three years of age, who had been affected for four or five years with what might be termed *fibrous bronchitis*.

Dr. A. Clark suggested that in the late case the casts were the results of local bronchial inflammation, due to the presence of tubercles. He had three

times seen similar casts expectorated by persons afterwards presenting symptoms of tubercles.

Dr. Metcalfe observed, that in thirty-four cases collected by Dr. Peacock, twenty entirely recovered; and, as a general thing, they were not a consequence of tubercles.

Dr. Peaslee remarked that the specimens presented by Dr. Metcalfe were of great interest, since they show the same pathological condition of the air-passages, at very different periods of life—from infancy to over fifty years. In all these cases, inflammation of the lining membrane of the air-passages had occurred, and a false membrane had been formed in consequence, the disease being called "croup," in the first-mentioned cases, and "fibrous bronchitis" in the last one. Dr. P. does not believe there is anything specific in croup, whether pseudo-membranous or not so. He regards it as a *mere simple laryngitis* at first, becoming also a tracheitis as it descends into the trachea; and since it also often extends downwards into the bronchial tubes (as the specimens also demonstrate), it is then, of course, a *laryngo-tracheo-bronchitis.* Whether a false membrane is formed or not in croup, depends upon other circumstances, and not upon the nature of the inflammation. If the plasma exuded upon the inflamed membrane be of good quality, and remain at rest and in perfect contact, it will become fibrillated (coagulated) into a false membrane; in the opposite circumstances, the latter cannot be formed. In cases of laryngo-tracheitis, it is therefore far more likely to be formed in infants and young children, who have less power to expel the plasma when first exuded, or soon after. In adults for the same reason in part, perhaps, females are more liable to the pseudo-membranous form of laryngo-tracheitis (or croup) than males are. Dr. P. had before been himself acquainted with three cases of croup in adults; and these were all in females. The last specimen shown by Dr. Metcalfe was one of pseudo-membranous laryngo-tracheitis.

Another point of interest was suggested to Dr. P. by the fact that the false membrane lining the larynx and trachea was probably completely detached from the mucous membrane (if he was correctly informed) before death, and had shrunk somewhat, so as to obstruct the air-tubes more than while in perfect contact. In all cases of croup with false membrane, Dr. P. stated that the latter will become spontaneously detached, if the patients can be kept alive a sufficient time; for the new membrane is never vascular, and there is no vital connection between it and the mucous surface beneath.

Dr. P. therefore thought the inference unavoidable, that a great object in the treatment of croup with false membrane should be to sustain the patient's strength; and that the heroic treatment of this disease, too often adopted, is all wrong—at least, after the disease is fairly developed, and the new membrane is already formed.

Dr. P. referred, for his views at length of the pathology and treatment of croup, to the *Amer. Med. Monthly Journal* for Aug. and Sept., 1854.

Dr. Metcalfe also reported a case of *aneurism of the descending aorta,* bursting into the left bronchus, and exhibited the specimen.

James Moore, laborer, æt. 24, admitted into Bellevue Hospital, Dec. 18,

1855. Had always been healthy until three years ago, when he contracted syphilis and gonorrhœa, which were followed by secondary cutaneous eruption and sore throat. He recovered from these without any treatment, continuing his work as usual during the whole course of the disease. About four months before his admission, he began to be troubled with a cough, slight at first, but growing worse by degrees. At first it was attended with pretty free bronchitic expectoration, which continued until about three weeks before his admission, when it suddenly stopped. After a slight chill, however, the cough grew worse, and he soon became troubled with dyspnœa, but not to so great a degree as to disable him from work, till about eight days before admission. When he came into the ward, there were dyspnœa, aphonia, an almost constant cough, aggravated by talking; pain over larynx in swallowing; pain on pressing upon the thyroid cartilage, and on squeezing it laterally. Nothing abnormal on inspection of pharynx.

On physical examination, there was found, on the left side, slight dulness; no vesicular murmur; diminished vocal resonance, and very slight movement in inspiration and expiration. The right side was clear on percussion; breathing, puerile. Nothing abnormal about the heart or aorta. His disease was diagnosticated as acute laryngitis. He was treated for this by leeches and blisters to the throat, and by calomel and opium carried to moderate ptyalism. Under this treatment the cough became less troublesome; the pain on pressing the larynx was no longer felt; and the voice, though husky, became clearer. He was now put upon iodide of potassium, with no marked improvement. The pulse was rapid; dyspnœa marked, and there was copious, clear, frothy expectoration. He went on without any change in his symptoms until Jan. 10th, when it was found that the dulness had become complete on the left side; bronchial respiration and bronchophony, unaccompanied with râles, were heard over the upper half of the lung. The heart was in its normal position; sounds natural, but feeble. Pressure in the left hypochondrium caused dyspnœa and cough. On Jan. 14th, after a fit of coughing, the patient began to spit blood; at first in small quanities and frothy, afterwards in large mouthfuls, until he had lost about 24 ounces, when he died, within five minutes of the first hæmoptysis.

Autopsy, five hours after death.

Larynx healthy, with no marks of old ulceration. *Trachea* natural, except an opening just below the bifurcation. Beyond this, the bronchi were nearly filled with blood. On raising the sternum, the *right lung* was found greatly increased in size, and bulging from the cavity of the chest; it was marked here and there with dark spots, which were firm to the touch; the rest of the lung was pale, and crepitated freely. On section, the dark spots were found to consist of blood coagulated in the lobules, the demarcation of these being very distinct. The *left lung* was covered with false membrane, which was very thick and firm at the base, and attached to the chest walls throughout. It was nodulated on its surface, much like a cirrhosed liver, and very firm. The section was of a yellowish gray, resembling the third state of pneumonia, and marked by clots of blood, which came from the divided bronchial tubes. On the left side of the trachea, just below its bifurcation,

was an *aneurismal sac*, formed from the descending aorta, about the size of an English walnut, communicating with the left bronchus, just below its origin, by an opening of sufficient size to admit the handle of a scalpel. The *pericardium* contained about three ounces of serum. The other organs healthy.

It was evident that slight pleuritic effusion existed on admission to the hospital. This was supposed to have increased, on the day the last physical examination was made, inasmuch as there had been no pneumonic expectoration and no crepitant rhonchus. The obscurity of the usual physical phenomena may be accounted for by the almost complete occlusion of the left bronchus by the aneurismal sac.

It so happened that a woman was under treatment at the same time, to whom the symptoms referred to the larynx were identical with those detailed in the case of Moore. In her case, *post-mortem* examination revealed a very thick, firm layer of fibrinous exudation, lining the larynx and extending downwards into the trachea and bronchi.

The matter scraped from a section of the hepatized lung showed granular and fatty matter in great abundance, and multitudes of compound granular cells, with but very few pus globules—thus confirming the truth which Dr. Alonzo Clark was among the first to make known, that the common idea of an identity between gray hepitization and purulent infiltration is entirely erroneous.

[For case of "Poisoning by Arsenic," reported by Dr. S. C. Pointer, see page 210.]

Necrosis of Tarsus.—Dr. CONANT exhibited a specimen of *necrosis* of the *tarsus*, occurring in a patient 19 years old. About 14 months ago, the patient ran a pin in the inferior part of the foot; the pin was removed, but still she suffered much pain, and the next day symptoms of tetanus appeared, which were, however, restrained by the administration of opium. An abscess formed some time after, and continued to discharge by two openings on the top of the foot. She suffered much constitutionally, and it was concluded to remove the leg. On examination, it was found that the bones were all anchylosed, the os-calcis being only diseased.

Cancer of Colon.—Dr. AYRES presented a specimen of *cancer* of the *colon*, which was obtained from a woman, 68 years old. Two and a half years since, he was consulted for some slight gastric derangement. She had then a tumor in the right iliac fossa, which he attributed to impaction of the bowels. The fauces were removed, and still the tumor remained. She became emaciated and pale; the countenance assumed an icterode hue; had alternations of diarrhœa and constipation; occasional hemorrhage from bowels. A brother died of cancer of the brain. *On inspection*, the caput coli is seen hard, firm—the intestines filled with fungous masses.

BIBLIOGRAPHICAL NOTICES.

Art. VIII.—1. *Manual of Chemical Physiology.* From the German of Prof. C. G. Lehmann, M. D. Translated, with notes and additions, by J. Cheston Morris, M. D. *With an Introductory Essay on Vital Force.* By Samuel Jackson, M. D., &c. &c. Illustrated with 40 wood-cuts. Pp. 331. Philadelphia: Blanchard & Lea, 1856.

2. *A Practical Handbook of Medical Chemistry.* By John E. Bowman, F. C. S., &c. &c. Second American, from the third and revised London edition. With illustrations. Pp. 287. Philadelphia: Blanchard & Lea, 1856.

Time was, and the period is not remote, when a knowledge of Chemistry was not deemed essential to a sound medical education. But now, not only must every medical college have its chemical chair, but every other chair, to effectually demonstrate and enforce its particular department, must resort to chemical teachings. Processes in the animal organism long deemed vital, are now known to be chemical, and phenomena that could be interpreted by the mind, only by referring them to some undefined, mystical, vital agency, are now found to be identical with those with which the investigator has long been familiar in the inorganic world. Every year brings the long separated sciences, physiology and chemistry, in closer dependence, and such havoc has already been made with old ideas, that it is doubtful whether the old doctrine of a vital force will much longer be left us. Works on medical chemistry, and chemical physiology, and physiological chemistry—the offspring of profound thought and untiring investigation—are now becoming common. And we record the fact with pleasure. For though few of those great practical advantages have yet been furnished us, in the art of preserving health and in the management of diseases, which the nature and progress of these investigations might lead us to anticipate; yet it cannot be an unmeaning or an unfruitful fact that all the elements which enter into the complex phenomena of life are being brought within the domain of the positive sciences. In the work before us of Dr. Lehmann's, the subject of physiological chemistry is treated of in three sections: the science of the organic substrata of the animal organism, the science of the animal fluids and tissues (phlegmato-chemistry and histo-chemistry), and the science of the zoochemical processes. The study of the organic substances in the 1st division is chiefly chemical—the object being to isolate the different ingredients of the organism, and to consider the localities and properties of each separately. Under this head are considered all the nitrogenized and non-nitrogenized acids, bases and neutral bodies; animal coloring matter, histogenetic substances, protein bodies and their proximate derivatives, the mineral substances of the animal body, &c. In the 2d division these "organic substrata" lose their *individual* importance, and only have value as they may have more or less relation to a particular fluid or tissue. In both this and the preced-

ing division, little is offered us but absolute fact, and we know not where can be found so full a statement of what is known upon these topics, in so concise a form. Under the 3d division, embracing the science of the zoochemical processes, are treated of, the forces and laws of the organic movements, tissue metamorphosis in general, and the functions of digestion, respiration, and nutrition. Dr. L.'s remarks on the *forces* are of especial interest as indicating the mental proclivities of all modern chemists. He says:—

"Physiological chemistry is generally confined to those processes in the living body which belong to the so-called *vegetative sphere*, and in fact those parts especially of physiology, demand elucidation from it which concern the processes of nutrition and secretion; but its realm is far more extensive; for in all the processes of life, in all animal actions, chemical affinity participates simultaneously with other forces. That, parallel to the activity of the muscles, chemical processes take their course, no one doubts; that the nervous system could display its activity without simultaneous chemical action, is not to be believed; in short, *no function, no process, no phenomenon* occurs in living bodies, *without chemical force as the cause or means;* hence, e. g. *every disease must be accompanied by certain chemical alterations.*

"As in the living organism no force exclusive of this, *i. e.* no so-called vital force is to be proved, all animal phenomena must be referred to fixed physical and chemical laws; the investigator of nature will recognize in these only the explanations of life phenomena. The time will come, and is not far distant, when the entire physiology of animal life will be resolved into physiological physics, and physiological chemistry."

We infer from this, and various similar passages, that Dr. L. thinks it cannot be proven that the ordinary forces of the inorganic world are unequal to the production of any vital phenomenon, and that as the wonderful conformity to the end in view so characteristic of vital processes finds numerous parallels in the phenomena of inanimate nature, it is therefore unphilosophical and illogical to assume a vital force at all. The translator, in the appendix, takes emphatic exception to this view, and it is also combated, most successfully, we think, by Dr. Jackson in an Introductory Essay of rare merit—compact, comprehensive and logical to a degree not common to meet with in medical works. We quote the concluding clause of the essay as an appropriate close to our notice of this valuable work.

"In dissenting from the author's views of organic life-force, there has been no purpose of disrespect, or intention to undervalue his knowledge and the authority of his opinions on the special branch he has cultivated. It has been rendered necessary by the manner in which the subject has been treated. Almost exclusively physiological, it has been handled as a chemical question. All that has been urged by the author as to the extent, variety, and importance of the chemical actions and influences of chemical laws in the living organism is perfectly just; but to force chemical affinity and its laws from their appointed ordinances in nature, is not correctly scientific, and leads to serious errors and misconceptions. Yet such a perversion, it strikes us, takes place when physics and chemistry are summoned to explain the origin and the permanent constitution of the typical forms of organization, differing so widely from the molecular processes and actions, exclusively the results of their special activity and energies in the plan of creation.

"In adopting the handbook of Dr. Lehmann as a manual of organic chemistry for the use of students of the University, and in recommending his original work of *Physiological Chemistry* for their more mature studies, the

high value of his researches, and the great weight of his authority in that important department of medical science, are fully recognized."

The "Handbook" of Bowman is divided into five parts. The first treats of the urine, the second of calculi and concretions, the third of the blood, the fourth of milk, mucus, pus, bone, and mixed animal fluids, the fifth of the detection of poisons in organic mixture, &c. It is well illustrated, and is full of facts important to know. P.

ART. IX.—*An Introduction to Practical Pharmacy, designed as a text-book for the Student, and as a guide to the Physician and Pharmaceutist, with many Formulæ and Prescriptions.* By EDWARD PARRISH, Graduate of Pharmacy, Member of the Phila. College of Pharmacy, and of the Amer. Pharm. Assoc., and Principal of the School of Practical Pharmacy, Philadelphia. With 243 illustrations. Pp. 544. Blanchard & Lea, 1856.

THIS is a valuable contribution to medical literature, making no pretensions which are not creditably realized. Its object and character are fairly set forth in the title, and it has been written in a popular style purposely to invite the attention of those who would otherwise ignore the study of pharmacy altogether. This branch has been too frequently slighted by the medical student, and we rejoice that it begins to receive much more of the attention it merits. Half a generation ago, physicians of deserved eminence would prescribe incompatibles which the merest tyro in pharmacy would detect as absurdities. The labors of Mr. Parrish as a lecturer and as a writer, will have grounded many a practitioner in his favorite pursuit. Mr. P. very properly adopts our national Pharmacopœia as his standard, but supposing every reader to possess a copy, his references to it are chiefly tabular, so as not needlessly to swell his book. Whilst the volume is chiefly designed for the physician and medical student, and is well adapted to their use, no pharmaceutist should omit to procure it for the use of himself and his apprentices.

We may find space for some further notice and extracts. At present we content ourselves with calling attention to the large number of formulæ for fluid extracts, including all that have been published—the recipe for extemporaneous preparation of pill hydrargyrum (both in mass and in powder), the notice of "Eclectic" preparations, and the large number of valuable prescriptions.

When we reflect that the field occupied by this treatise, and the progressive tendencies and energy of the author, form together a pledge that it will pass through successive editions, each of which must be an improvement upon its predecessor, we predict for it the mission of utility which will fulfil the intention of the writer. A.

Art. X.—1. *The Principles of Surgery.* By James Miller, F. R. S. E., F. R. C. S. E., Author of a Treatise on the Practice of Surgery, &c. &c. Fourth American, from the third and revised English edition. Illustrated by 240 engravings on wood. Pp. 696. Philadelphia: Blanchard & Lea, 1856.

2. *On Some Diseases of Women, Admitting of Surgical Treatment.* By Isaac Baker Brown, F. R. C. S. (by Exam.) Surgeon Accoucheur to St. Mary's Hospital, &c. &c. Illustrated by 24 wood engravings. Pp. 276. Philadelphia: Blanchard & Lea, 1856.

3. *On Bandaging, and other Operations of Minor Surgery.* By F. W. Sargent, M. D., &c. &c. New edition, revised and enlarged. With 181 illustrations. Pp. 359. Philadelphia: Blanchard & Lea, 1856.

Although Surgery is not in this country as *distinctive* a science as it is in Europe, American Surgery ranks not one whit behind European, and the American surgeon has reluctant homage paid him in the schools of London and Paris. Indeed, the American system of surgical education and practice, combining the knowledge and practice of medicine with that of surgery, is calculated, we think, to give our surgeons the advantage over European in the intelligent management of surgical diseases, and their various constitutional complications.

The American literature of this department of medical science, particularly the more recent publications, are evidence that a high order of intellect is engaged in its pursuit, while the demand for the republication of foreign works on surgery evinces a disposition on the part of our practitioners to avail themselves of every facility to improve themselves in a knowledge of this important branch.

The three works named at the head of this article are a valuable addition to our surgical literature. Miller's admirable work on the Principles of Surgery, is too well and favorably known to require any extended notice. The fact that the work has reached four editions in this country is evidence of the estimation in which it is held. The third edition was published in 1852 under the editorial supervision of F. W. Sargent, M. D., and though no one stands sponsor for the present edition, it being a mere reprint of the last Edinburgh edition, the author has availed himself of the opportunity of adding to its text such of the notes and suggestions added by Dr. Sargent to the third American edition, as he deemed advisable.

There are some differences between the present and the last editions worthy of note. In the first place, we observe a diminution in bulk amounting to fifty-five pages. A careful examination of the text of the two editions shows that the work has undergone a thorough revision, and that much extraneous matter has been excluded, at the same time that new matter has been added. At the time the former edition was published, the question of the propriety of using anæsthesia was under discussion, and the author devoted forty-six pages to an able and convincing advocacy of the use of chloroform. Now, however, "the employment of anæsthesia in surgery is established," and that subject is dismissed with two pages of plain, pointed, and sententious directions for their use, and cautions to be observed while administering them.

We shall endeavor to transfer this chapter entire to our pages at some future time.

There is no work on surgery that we can commend more heartily than this. The details—the mechanical part of surgery—may be compassed by any ordinary mind; but the principles, *the principles* must be *studied* if a man would make a good surgeon. All the practical works on surgery in the world would never make a surgeon, unless he was well grounded in the *principles* of the science. With Miller, and a good work on anatomy, and some knowledge of medical science, an industrious and ingenious man might make a good surgeon, if he never saw a work on practical surgery, or a surgical instrument.

The second work on our list—Brown on some of the Diseases of Women admitting of Surgical Treatment, fills an important hiatus in our surgical literature. If man owes anything to one portion of his kind more than to another, it is surely to that portion on whom, unfortunately, the weight of the curse of the fall comes, and who may often be "saved in child-bearing" by the skill of the surgeon-accoucheur, or who may be relieved of many distressing ailments to which her peculiar organization subjects her, by surgical aid.

The subjects treated of in his work, are divided by Mr. Brown into two sections—I. Diseases or accidents which result directly or indirectly from parturition. II. Diseases or accidents of the female organs, occurring independently of pregnancy. Under the first section are classed operations for 1. Rupture of the Perineum. 2. Prolapsus Vaginæ. 3. Prolapsus and Procidentia Uteri. 4. Vesico-Vaginal Fistula. 5. Recto-Vaginal Fistula. 6. Lacerated Vagina. Under the second section are classed operations for 1. Polypus Uteri. 2. Stone in the Female Bladder. 3. Vascular Tumor of the Meatus Urinarius. 4. Imperforate Hymen. 5. Encysted Tumors of the Labia. 6. Diseases of the Rectum resulting from certain conditions of the Uterus. 7. Ovarian Tumors. We confess to a feeling of disappointment in looking over the work, at the meagreness of its details considering the importance of the subject on which it treats. It may be truly said that this department of surgery is yet in its infancy: still Mr. Brown does not seem to have exhausted the literature of the subject, particularly where American writers are concerned, scarcely any reference being made in his work to their labors and observations. The names of Dr. J. Marion Sims, of New York, and of Dr. Geo. Hayward, of Boston, are favorably mentioned in connection with the operation for vesico-vaginal fistula, but not one word is said about the labors of American surgeons in other departments of female surgery. We trust that these and other defects will be supplied in a future edition of the work, which, without doubt, will soon be called for.

Sargent's *Minor Surgery* is a useful, and almost indispensable addition to the library of the practitioner, who will often need to consult it in the minor operations of surgery. It gives minute directions for bandaging, the application of splints, etc., and yet the work is so compendious that it may readily be carried in the pocket. We heartily commend it to the attention of our readers.

ART. XI.—*An Analytical Compendium of the Various Branches of Medical Science for the Use and Examination of Students.* By JOHN NEILL, M. D., Surgeon to the Pennsylvania Hospital, &c. &c., and Francis Gurney Smith, M. D., Physician to St. Joseph's Hospital, &c. &c. A new edition, revised and improved, with 374 illustrations. Pp. 974. Philadelphia: Blanchard & Lea, 1856.

WE have, here, a new edition of a work intended particularly for students, but which may often be profitably consulted by the general practitioner, with whom, however, such works ought never to take the place of more elaborate treatises.

We heartily commend the work to the attention of our readers as one equal to any of its class.

ART. XII.—*The Principles and Practice of Ophthalmic Medicine and Surgery.* By T. WHARTON JONES, F. R. S., Professor of Ophthalmic Medicine and Surgery, &c. &c. With 110 illustrations. Second American edition, with additions, from the second and revised London edition. Pp. 500. Philadelphia: Blanchard & Lea, 1856.

WHARTON JONES is one of the most experienced and judicious oculists in Great Britain, and any work from his pen on diseases of the eye is worthy the attention of either the general or special practitioner. This is the third work on diseases of the eye that has issued from the press of Blanchard & Lea within the space of a little more than a year. The work before us is of much smaller dimensions than those of Lawrence or Mackenzie, and is, on that account, better adapted to the use of the general, and particularly the country practitioner. Our readers must not understand that it is a mere *compendium* of ophthalmic practice. It is sufficiently elaborate for all practical purposes without being diffuse, or entering into particulars and details which are particularly interesting to specialists, for whose use the more elaborate treatises are particularly intended. The medical library cannot, however, be too well supplied with books of reference.

The edition before us has passed under the editorial supervision of Edward Hartshorne, M. D., of Philadelphia, who has incorporated many judicious remarks into the text, relating principally to details of treatment in which the experience of Philadelphia appeared to him to differ from that of London.

Commendation of a work on diseases of the eye by Wharton Jones would be superfluous.

All the books noticed above, are got out in Blanchard & Lea's well-known style, good paper, clear type, and illustrations, and substantial binding.

*** The following works arrived too late for notice this month. "Flint on the Respiratory Organs." "Barlow's Practice of Medicine." "Budd on Diseases of the Stomach," and "Neligan's Atlas of Cutaneous Diseases." We have also a large number of minor works on our table, which we expect to notice soon.

EDITORIAL.

EDITORIAL ARRANGEMENTS WITH NEW YORK AND PHILADELPHIA.

AWARE of the importance to our readers, even in the most remote corners of the Union, of early and reliable information in regard to medical matters in the two great cities of the western hemisphere, between which we are located, we have long contemplated the idea of forming an editorial connection with those cities, which would be almost, if not quite, equivalent to issuing the REPORTER from *both* of them. This plan we have at length consummated, and in a manner so advantageous that we heartily congratulate our readers upon it. Our New York correspondence commenced in the number for February last, and has been kept up in a spirit and style that will not fail to prove exceedingly beneficial to all our readers. Our Philadelphia correspondent makes his debût this month. These men, with whom we expect to divide the editorial labor, are both of the first standing in the profession in their respective cities, having the honor and interest of our profession at heart, with exalted and correct ideas of the wants and necessities of a high-toned and independent medical periodical literature. Through them the readers of the REPORTER will be kept well informed of what transpires of general interest to the profession in those cities, the medical emporiums of the Union. They will report interesting proceedings in the various medical associations of their respective cities, cases in hospital and private practice, and general medical news, which, considering that these two cities contain the principal medical schools, hospitals, and medical publishing houses in the country, will add materially to the already acknowledged interest and usefulness of the REPORTER. They will also, as opportunities offer, secure communications for our pages. This arrangement, our readers perceive, gives the REPORTER a metropolitan, as well as a provincial cast, and we believe that our editorial arrangements are now unsurpassed by those of any of our contemporaries. But,

complete as they are, we have others still in contemplation which shall be carried out when our readers send us a few hundred new subscribers, which they can readily do—*if they will.*

THE MEDICAL COLLEGES OF PHILADELPHIA

Have held their spring commencements within the past few weeks. The following is the number of graduates in the order in which the commencements were held: Philadelphia College of Medicine, 21; Medical Department of Pennsylvania College, 37; Jefferson Medical College, 215; Medical Department of Pennsylvania University, 142; total, 415. Add to the above the graduates of the College of Pharmacy, 28, and the grand total is 443. This number is small compared with some former years.

☞ As proof of what a little effort to obtain subscribers may accomplish, we would mention that we recently received a letter from a physician in Stamford, Conn., containing the amount of his own subscription and those of three others, commencing with January, 1856, with the modest remark "perhaps you would like to obtain a foothold in Stamford." We thank our friend heartily for the interest he has taken in the Reporter, and hope that his example will be followed by others.

EDITORIAL CORRESPONDENCE.

Academy of Medicine.

New York, April, 1856.

Mr. Editor: I omitted to mention in my account of the proceedings of the Academy of Medicine in March, that the prize of $100 which had been offered for the best essay on Cholera Infantum, was, at that meeting, awarded.

Three essays had been examined by the committee, and they had unanimously decided that the palm was won by that which bore the motto,

"Si quid novisti rectius istis,
Candidus imperti; si non, his utere mecum."

The Committee, having made their report through the Chairman, Prof. Jos. M. Smith, the Academy then ordered the seal of the envelope endorsed with the same motto, to be broken, and in it was found the card of James

Stewart, M. D., of Bleecker Street, N. Y. The award was most cordially approved by the Academy, the author being known as an accomplished, though retiring and modest gentleman. Indicative of the latter quality was an anecdote related by the Chairman of the Committee; that on the outside of the wrapper of the essay, written in pencil, was a request that, should the contents not be regarded as worthy the award, the committee would give it to the flames. Characteristic of this, also, was the action of the worthy member in acknowledging the notice of the award. He declined to receive the money, but requested it to be transmitted to the treasury of the "Child's Hospital," a new institution about being established. The appropriateness of this magnanimity elicited no little expression of feeling from the meeting.

Microscopy of the Kidney.

At the April session of the Academy, Dr. Isaacs read a continuation of his paper on the Microscopy of the Kidney, in which he proved still more decidedly than at the previous meeting, the fallacy of some of the physiological views of Bowman and other European authorities, and demonstrated to perfection the true anatomical and physiological relations of some important parts, especially the connection between the Malpighian tufts and the uriniferous tubes. His investigations have settled this vexed question, so that there can no longer exist any doubt of there being an anatomical connection and a direct functional relation between these two parts. He tied the renal artery of a cat, after putting the animal under the influence of chloroform, and was then enabled to see the passages of blood directly from the capillary tuft into the tube; and he has proved to exist, what others have denied, because they failed to see, the presence of nucleated cells upon the surface of the tuft, as well as upon the inner surface of the capsule of the tube, which embraces and covers the tuft. The cells of the capsule he discovered to be of a different chemical character from those of the tuft—as nitric acid, while it destroyed the former, had no effect upon the latter. Upon his inability to discover any cells upon the tuft, Bowman based his theory that the office of this congeries of capillaries was to separate water only from the blood; a theory which is subverted by Dr. Isaacs' discovery of a cellular formation upon them. He furthermore demonstrated the presence of various substances in the tube, such as bile in a jaundiced person, and various salts which could only have got there through the Malpighian tuft.

In this, as in his former paper, Dr. Isaacs was eminently satisfactory to his audience, who received his communication with frequent demonstrations of their gratification.

Atelectasis Pulmonum.

The Secretary of the Academy, Dr. S. Conant Foster, made his débût as a *scientific* reporter, by reading a paper "*On Atelectasis of the Lungs with a case,*" which created a deep interest in the meeting, and places the popular officer at once in the position of an able and accurate observer, and an acute reasoner.

The term *Atelectasis* has been regarded as synonymous with apneumatosis, carnification, and collapse of the lung, all of which have been applied to that condition of the pulmonary tissue which consists essentially in the *absence of air from the vesicles*, its place being unsupplied by any morbid deposit. Dr. Foster's attention was aroused to the disorder by observing some peculiar and unusual symptoms in a child fourteen months of age, who, when first seen, lay with her head thrown back, breathing deeply but not rapidly, and holding the breath awhile at the end of each inspiration. General febrile symptoms existed, but a very slight cough, and very little hoarseness, without croupy breathing. Tenderness of the entire abdomen existed, with slight costiveness. All these symptoms were readily relieved by castor oil and enemata, emollient cataplasms, and lancing of the gums, which were swollen. The subsidence of the abdominal and febrile symptoms brought no relief, however, to the peculiar respiration. On examination of the chest, resonance on percussion was good everywhere, except a slight dulness over the middle lobe of the right lung, anteriorly and posteriorly, at which place the respiration was somewhat bronchial, with a feeble and distant muco-crepitant râle. Under an expectant treatment, with this obscure diagnosis, at the end of the week from the first visit, the child was considerably improved, when, however, a slight diarrhœa with greenish discharges occurred, and swallowing became painful, which was attributed to a small ulcer discovered on the right tonsil. Wine whey and beef juice were now indicated and ordered, but were taken only under force. The diarrhœa soon ceased, *sponte sua*, and in other respects, except the respiratory signs, the patient developed no evidences of disease of any important viscus, nor anything to account for the rapidly increasing prostration. The tonsil was touched with nit. argent., and a small dose of quinia administered every four hours—but the patient sank under the dyspnœa and difficult deglutition, and died on the 9th day after the first visit.

The autopsy finally revealed the cause of the peculiar respiration, and the non-aerated condition of the right lung fully accounted for the difficulty of diagnosis. The heart and left lung were healthy and normal, but the right lung (which, as above stated, was the locality of certain disordered sounds and some dulness) did not collapse like the left, when the thorax was opened, but left a space of half or three-quarters of an inch between it and the ribs. The anterior surface of the upper lobe was united to the thoracic parietes by old and strong adhesions, forming a cavity containing an ounce of turbid serum and a little lymph. A similar cavity existed between the lower lobe and the diaphragm, in which was more than half an ounce of serum and lymph. The adhesions were so strong as to require a knife to separate them. The proper cavity of the pleura was perfectly healthy, the membrane smooth and shining. *The lung contained no air*, except in a group of dilated vesicles on the superior surface of the lower lobe, which disappeared on cutting through and pressing them. The tissue of the lung was firm, like muscular tissue, not granulated, nor friable, with a slightly bluish tinge, and a small quantity of sanguineous fluid was emitted on pressure. The bronchial tubes throughout appeared somewhat enlarged, but no obstruction was observed in

any large bronchus. Dr. Foster stated further, that he had observed during the first week of the child's life, the same peculiarity of breathing which has been described, viz: a retention of the breath at the end of each inspiration, but auscultation revealed nothing, and the symptom could not be accounted for before death. Another noticeable fact was, that the child always slept on its right side, and when placed on its left side worried ceaselessly until turned, and when lying on its back, the head was always thrown back. For various reasons, Dr. F. believed the pleuritic adhesions to have been congenital, and the cause of the peculiar decubitus and respiration, which were the rational results of the non-expansion, or *atelectasis* of the lung. This term (derived from ἀτελης, *imperfect*, and εκτασις, *expansion*, or *dilatation*) he regards as sufficient to express all the varieties of this affection, and is preferable to *collapse*, *splenization*, *état fœtal*, and others, which have a more limited application.

The most important lesson to be learned from this case, is the great care which is to be exercised in distinguishing the peculiar abnormity from pneumonia. The latter is of difficult diagnosis in very young children, under any circumstances, but the condition which Dr. Foster has so well described is so much the opposite of inflammation in reality, that a mistake in the diagnosis must almost necessarily lead to a fatal result. Several instances of this are given, and in fact it is but recently that a test has been furnished whereby all doubt was at once removed, of the wide difference existing between them. This is the plan of MM. Bailly and Legendre, the forcible inflation of the condensed portions of the lung. Dr. Gerhard, of Philadelphia, is stated to have been one of the first to perceive essential difference between the two affections, though he did not wholly divest himself of the idea of inflammation. A paper, giving the results of his observations in the Children's Hospitals in Paris, was published in 1834, in the *Amer. Journ. of Med. Sciences.*

Some interesting observations were made upon the causes of atelectasis, as well as its consequences, stating that it may occur at any age, but is more common at the two extremes of life. Attention was also called to the important relations existing between atelectasis on the one hand, and *measles* and *hooping-cough* on the other, and it was stated that we have data to show that in these diseases atelectasis, and not pneumonia, is the lesion that causes death. In a London work by Grailly Hewitt, it is stated that in nineteen cases of death which occurred from hooping-cough, this lesion was found in all but one, and in every instance in both lungs. Dr. Foster gave a lucid detail of the symptoms of this derangement, and also of the treatment, which the length of this notice, however, forbids me alluding to at length, except to quote a remark, that "we must entirely disabuse ourselves of the dread of pneumonia, which is in truth an exceedingly rare affection under the age of six years, and which when it does occur, is almost as easily distinguished as in the adult." Frequent hot baths, stimulating the respiratory muscles by friction, &c., internal administration of diffusible stimuli, nutritious feeding, and free primæ viæ are the main points of practice in the congenital variety, with the addition, in the acquired form, of appropriate remedies for the

febrile symptoms which may arise from bronchitis, and perhaps an emetic or a sternutatory to remove the mucus from the bronchial tubes.

"If by these means," says Dr. Foster, "we do not save our patients, we shall at least have the satisfaction of knowing that we have not hastened their death by treating antiphlogistically, maladies which have nothing in common with inflammation."

Anæsthetics—Rationale of their Action.

Dr. Detmold favored the Academy with a written exposition of his views of the rationale of the action of chloroform, sulph. ether, and nitrous oxide, the three agents employed for the purpose of producing anæsthesia. He attributes the action of all of them to the production of carbonic acid gas *in the system*. The first two supply the carbon, which absorbing oxygen from the blood, and the last supplying oxygen, which absorbing carbon, in either case carbonic acid is the result, which by its action on the living organism produces anæsthesia. This theory, though not absolutely susceptible of demonstration, is yet apparently based on a logical foundation, and finds a seeming confirmation in a number of well-known facts; indeed it was elicited by the allusions made to the anæsthetic properties of carbonic acid, by Prof. Simpson in his recent paper, of which I gave an account in my previous letter.

Dr. Griscom stated, that during the reading of that paper by Dr. Detmold, it had occurred to him that, adopting this explanation as correct, we might now perhaps explain a circumstance which had always been a puzzle to chemists and physiologists, viz: the existence in the general atmosphere of from a half to one per cent. of carbonic acid gas. Why this gas should so steadily and uniformly be found, at all heights, and in all places, as a constituent of the atmosphere, had never, he believed, been accounted for, and the only explanation of which it seemed susceptible was that its presence operated in some manner to modify the too great excitement which the oxygen of the air might otherwise produce. The nitrogen with which the oxygen is mixed, is not known to have any such influence—it is a mere *diluent* in this respect, and when the air is absorbed into the lungs, the oxygen is freed from its connection with the nitrogen, and but for the presence of this small proportion of carbonic acid, the great natural as well as artificial anæsthetic, the excitement produced by the action of the oxygen would probably be too great for the smooth and painless workings of the various functions. The accumulation of carbonic acid gas in crowded and unventilated rooms, may on the same principle account for much of the well-known soporific influence of such places.

After the transaction of some executive business, including the appointment of delegates to the American Medical Association, the Academy adjourned a most instructive and interesting session.

Dr. John C. Cheeseman.

After a connection of thirty-six years with the New York Hospital, as visiting surgeon, during which he had labored faithfully and efficiently in

its service, and shed a vast amount of blood, Dr. John C. Cheeseman has resigned his post. His successor has not yet been appointed.

Respectfully, yours,

J. GOTHAM, Jun., M. D.

Letter from Philadelphia.

Philadelphia, April 15, 1856.

Dear Reporter: This is as it were, the beginning of the *dull season* with the profession here. The classes of the winter medical schools have all dispersed; hence the solons of the science are enjoying a respite from their labors, a breathing spell after the arduous duties of the winter, which, as it might well be supposed, they are unwilling to deny themselves. The whole profession seems to sink with them into the same lethargic state, for there is scarcely anything going on in our city at the present time worth noting for your readers; therefore, in the absence of other matters of interest, I will try to give them an insight into what is doing amongst some of our numerous medical charities.

Insane Department of Pennsylvania Hospital.

It may be known to some of your readers that as far back as 1853, Dr. Kirkbride, the distinguished Superintendent and Physician of the Insane Department of the Pennsylvania Hospital, suggested in his report to its managers, the propriety of erecting an entirely new building, to be devoted exclusively to males, with accommodations for 200 patients; and of reserving the present building for the female patients. This proposition met the approbation of the Board, and in May 1854, they issued an "Appeal to the Citizens of Pennsylvania, for means to provide additional accommodations for the Insane." In this appeal, it was proposed to erect a building on the part of the farm belonging to the Institution, to the west of the present hospital building and outside of its inclosure, at a cost of $250,000. To obtain this sum was the appeal made; the managers pledging themselves to demand the payment of no contribution until the sum of $150,000 had been subscribed—a sum sufficient, in their estimation, to justify the beginning of the building. This amount, we learn, has at last been obtained, and that the work of construction will be begun very shortly. We may here mention a fact worthy of note, that more than one-half of the sum already obtained was contributed by only 64 individuals. This example for liberality might readily be followed by others, who, of their abundance, could well afford to further so deserving an object.

To induce liberal donations, the Managers have proposed that one of the ten wards into which the new Hospital will be divided, shall bear the name of each donor of $10,000; whilst $5,000 shall be considered as forever securing a free bed in the Institution which shall be named after the giver of that amount, and which shall be kept occupied by such recent cases of insanity, as the officers of the institution may consider most likely to be restored and best calculated to extend the benefits of the Hospital. Every

such bed can thus be made to restore to health one or two insane in every year it shall exist, and who could not otherwise be provided for. No subscription of $10,000 has yet been made. At least four individuals, however, have already given, each, $5,000, and it has been proposed by some of the friends of the late Jacob S. Morris, formerly a member of the Board of Managers of the Hospital, who was lost in the ill-fated Arctic, to raise $10,000 to more enduringly connect his name with a work in which he always felt the deepest interest. We have now but little doubt that the whole sum of $250,000 will be raised, and that the Hospital, when finished, will be one of the most replete with modern improvements and conveniences in the whole world.

The well-known interest which Dr. Kirkbride has always evinced in the construction of Hospitals for the Insane, and his thorough appreciation of all that is required for their comfort, seconded by the active interest and zealous co-operation of the Board of Managers of Penna. Hospital, afford us the best reasons for believing that Philadelphia will, ere long, be provided with the best and most ample accommodations for the insane. This department of the Penna. Hospital will, when the additions are completed, afford accommodations of a superior order for over 400 patients.

Our State Asylum at Harrisburg is now full to overflowing, and a bill has been recently presented to the Legislature to establish another State Institution, in the western part of the State. This proposition has met with the most favorable consideration from the members of that body, and we shall, no doubt, in a few years find both Institutions completely organized, and filled to their utmost capacity.

Over five hundred and fifty patients have been treated in the Lunatic Department of the Philadelphia Hospital (Blockley), in the last six months, and it has now 400 patients afflicted with mental diseases within its walls. A few years ago, and this Insane Asylum (for it is such now) had no existence. Previous to its present organization, those afflicted with diseases of the mind amongst the poor, were cared for in our Almshouse at Blockley, in a manner no way creditable to Philadelphia. Shortly after Dr. Benedict was elected Chief Resident of the Hospital, he induced the Guardians of the Poor to devote the building originally intended for the general Hospital, to the exclusive use of the insane; and in a short time he had organized an asylum which might do credit to any community. The medical and surgical cases were at that time removed to a part of the workhouse fitted up for their accommodation, and there they have remained ever since. Within a month past, however, it has been proposed to construct an entirely new building for the insane, and to restore that now occupied by them to its original purpose of a general hospital. To defray the cost of such a structure, it has been proposed by the Guardians to divide up into town lots, a portion of the farm attached to the institution, which they think will bring a liberal price, as there is a strong disposition to improvement in that quarter of the city. We shall be glad to see the project carried out, and hope the Guardians will not make a political job of it for the benefit of themselves and friends.

We have thus the prospect, in a few years' time, of having six first class insane hospitals, completely organized and in full operation, within our State, which will afford relief to at least two thousand patients annually. Pennsylvania will then not only enjoy "the proud distinction of having originated and supported the first institution for the care and treatment of the insane in America," but be able to boast of providing the most liberally for the amelioration of the condition of this most unfortunate class of our fellow-beings. When all this is done, it seems to us that nothing more should be demanded of our State for the purpose; and were all the States to follow her example, there would be no occasion for further liberality on her part.

Yours, &c.,

ADAM FRIEND.

METEOROLOGY.

Meteorological Observations for March, made at the State Lunatic Asylum, Trenton, N. J. Latitude N. 40° 15′; Longitude E. 2° 12′ 51″.

Excessive cold is the striking characteristic of March. Its lowest temperature, 4°, was 13° colder than anything on record here for the same month in eight years, and its average temperature, 31°, was 10° colder than the average of March for the same time, and older records represent it the coldest March in a much longer period. Instances of the uncommon severity of this month are abundant. It is mentioned as a singular fact, that on the 31st the Connecticut River was so firmly frozen at Hartford that heavy teams passed over it. It is also said that Lake Michigan was frozen from side to side. Such a thing was never known before. In New York, frost penetrated the earth to the depth of 4 feet 6 inches; a phenomenon rare in any latitude south of 48°. The cold of the past winter has been highly disastrous to vegetation in many places. In Georgia "the fall oats were generally killed." At Memphis, Tenn., "the sweet potatoes have been nearly all destroyed, and it will be impossible to obtain enough for seed." In northern and central Ill., "apple and peach-trees are nearly all destroyed, and not less than four-fifths of the fruit trees in Will Co. are killed." In this section of New Jersey, snow covered the ground nearly the entire month, and vegetation, though probably not materially injured, shows none of the usual symptoms of life.

Such winters, though rare, are not without precedents. In 1084, many forest trees, and even the oaks of England were split with the frost. In 1468, the winter was so severe in Flanders, that the wine had to be cut with hatchets to be distributed to the soldiery. In 891 and 893, the vines were killed by frost, and cattle died in their stalls.

Navigation to Baltimore was resumed on the 2d, and to Philadelphia on the 3d. The Delaware opened at this point on the 19th, having been closed since the 6th of January, a period of 73 days. Last year it was closed 11 days in the same time. Robins made their appearance on the 20th, and Phebe birds and blackbirds on the 24th.

But little deposition from the clouds has occurred in this portion of the United States since the beginning of the cold period. Dating it at the 1st of January, rain and melted snow amounts in all, to 5.25 inches, less than one-third the amount that fell in the same length of time last summer, viz:

16.42 inches. Deposition occurred on only three days in March, and on the same number of days in February, the combined amounts making 1.58 inch. Streams are consequently very low. The Delaware is now at summer height.

Tabular View of Thermometrical and Barometrical Results.

		Maximum height.	Minimum height.	Mean height.	Maximum daily mean.	Minimum daily mean.	Maximum daily range.	Minimum daily range.	Mean daily range.	Monthly mean.
Therm'ter,	Sunrise,	25th ; 34°.	10th ; 4°.	24°.	24th; 40½°.	10th ; 10°.	4th ; 29°.	19th, 28th ; 4°.	12°.	30½°.
	2 o'clock P. M.	21st ; 46°.	10th ; 12°.	36°.						
	Sunset.	4th ; 46°.	10th ; 14°.	33°.						
Barometer,	Sunrise,	4th ; 30.05 in.	2d ; 29.20 in.	29.75 in.			4th ; .45 inches.	0 10 days.		29.790 inches.
	2 o'clock P. M.	18th—31st ; 30.00 in.	2d ; 29 35 in.	29.71 in.						
	Sunset.	31st ; 30.00 in.	2d ; 29.35 in.	29.70 in.						
Correspond. attached therm'ter,	Sunrise,	4th ; 67°.	2d ; 68°.	69°.						69°.
	2 o'clock P. M.	18th—31st ; 71° 69°.	2d ; 68°.	69°.						
	Sunset.	31st ; 70°.	2d ; 66°.	69°.						

			Absolute dryness ; saturation being 0.0.	Corresponding degrees of moisture ; saturation being 1.000.
Hygrometer,	Maximum,	Sunrise,	3d and 26th ; 9.332	.740
		2 o'clock P. M	23d ; 19.833	.521
		Sunset.	4th and 29th ; 16.832	.587
	Minimum,	Sunrise,	15 days ; 2.332	.940
		2 o'clock P. M.	10 days ; 2.332	.940
		Sunset.	9 days ; 2.332	.940
	Medium,	Sunrise,	2.332	.940
		2 o'clock P. M.	9 332	.740
		Sunset.	4.666	.847

Prevailing Winds.	Rain and Melted Snow.			
	Date.	Rain—in.	Snow—in.	Wind.
N. W. prevailed 11 days . .	1st.	.77	1.50	N. E.
W. " 8 " . .	19th.	.10		N. E.
S. W. " 4 " . .	24th.	.10	2.75	S.
N. E. " 2 " . .				
N. " 1 day . .				

Amount of rain and melted snow, .97 inches ; clear sky prevailed 20 days.

The following shows the relative temperature of March for the last eight years:—

Year.	Maxima.	Minima.	Media.
1849	66°	22°	42°
1850	68°	17°	41°
1851	76°	28°	45°
1852	71°	20°	41°
1853	72°	19°	45°
1854	75°	22°	42°
1855	68°	17°	38°
1856	46°	4°	31°

M. E. Winchell.

April 1st, 1856.

NECROLOGY.

Majendie, Braconnot, Johnston, Beck, Quevenne, Huraut, Baget, and Hollows.—The last few months have been marked by the deaths of many noted physicians and pharmaceutists. On the 8th of October, Francis Majendie, the celebrated physiologist, and author of *Majendie's Formulary*, died at Paris, after a long illness, in the 73d year of his age. He was a native of Bordeaux, and has been thirty-four years a member of the Institute.

Died, at Nancy, on the 13th of January, 1855, M. Braconnot, long known as one of the earliest investigators of proximate organic chemistry. His numerous papers are interspersed over thirty volumes of the *Journal de Pharmacie*, and relate to a great variety of subjects.

On the 18th of September, Prof. J. F. W. Johnston, the distinguished agricultural chemist of Durham, England, died at his residence in that place. Prof. Johnston is extensively known in this country, through his popular works on chemical subjects.

Died, at Albany, on the 19th of November, Dr. Theodoric Romeyn Beck, author of the *Medical Jurisprudence* that bears his name.

Died, at Paris, M. Theodore Quevenne, *Pharmacien en Chef de la Charité de Paris*, and one of the most distinguished pharmaceutists of Paris. His investigations of senega, and his introduction into medical use of "iron by hydrogen," are but a tithe of his numerous contributions to the progress of pharmacy.

M. T. Huraut and M. Baget, pharmaciens of Paris, known as writers and investigators, and Wm. A. Hollows, a prominent pharmaceutical chemist of London, also should be added to the list.—*Am. Journ. of Pharmacy.*

SUMMARY DEPARTMENT.

Iodine in Erysipelas. Nov. 12th.—Dr. Cotting related (Boston Society for Medical Improvement) the case of a child, seven months old, affected with erysipelas. The disease attacked the right ankle first, on October 30th, and extended upwards over the right leg, entirely surrounding and covering it, and then went over the nates and downwards over the left leg, reaching the toes of the left foot, November 10th. On the 9th the right foot, which had been previously untouched, was invaded. The usual constitutional symptoms were observed; fever, restlessness, pain, &c. Tincture of iodine was constantly applied over the whole surface and particularly at the edges of the erysipelatous patches, and in advance of them, isolating them completely. Vesication, even, was thus induced, but without in the least arresting the disease. The case was a favorable one for isolating as well as covering the diseased parts, and afforded fair opportunity for testing the arrestive virtues, if any, of the iodine; but the attack of the right foot almost simultaneously with that of the left, showed that the disease depended upon causes not to be reached by external applications. The constitutional treatment, which was of an expectant and soothing character, rendered the self-limited nature of the affection more apparent.

Dr. C. had treated other cases with iodine and with various success. In certain of them the application and the recovery coincided in point of time; in others, the contrary was true. In the case just related, the failure of the application was complete.

Remarks, by Dr. W. W. Morland.—The application may not have been so "complete" a failure as the reporter believes it to be. It is rare to find a case of erysipelas in which iodine has been faithfully used externally and no impression whatever made. A mere isolation of the diseased patch, by drawing a line of tincture of iodine around it, is not enough; its surface should be well painted. When this is done, overlapping the affected portions with a generous margin of the iodine, we believe that in a large majority of patients a decided arrestive effect will be produced; and if the redness go beyond the line of the iodine, it stops, most frequently, far short of the usual extent attained in cases of like intensity, and nearly always is of an *erythematous* character, only. That there are cases not thus favorably influenced cannot be denied; those, however, who have used the iodine often and thoroughly, are too well satisfied with it to resign it for merely soothing and cooling appliances. One of the most sceptical in regard to this practice, stated, at a recent meeting of the Society, that he regarded it as the "best application" we have. Although the disease progressed in the case above related, notwithstanding the thorough trial of the remedy, it can hardly be concluded that a degree of restraining influence was not exerted by it. Cases almost identical in extent and virulence, have been compared under this topical course and without it, and the evidence is wholly in its favor. To be of service, *early* recourse should be had to it, and free use of it be made. It has been suggested that the "iodine paint" (iodine ʒj, alcohol ℥j), as it is termed, would be even more efficacious than the tincture.

"Self-limitation," even if it be ever proved a characteristic of erysipelas, is in no wise an argument against the use of any means which have been found of such marked benefit in so many instances; the facts in which go very far to eliminate the "self" from the "limitation."—*Boston Med. and Surg. Journal*, Feb. 7, 1856.

SELECTIONS.

Matters of Medical Gossip.—The wars are all over—New York has given up the discussion of the catheterization of the air-passages, and Prof. Green introduces his probang without further opposition from the profession, whatever obstacles he may meet at the chordæ vocales. Philadelphia has, with a single indignant grunt, settled down in resignation to the appointment of Prof. Smith to the chair of Physic and Gibson. The New Orleans *savans* for once agree that a rigid quarantine cannot do away with the effect of tropical heat and humidity upon the filth of an uncleanly city, and we have even reason to suppose that some of them no longer insist so strongly on the prophylactic qualities of decaying organic matter. At Washington, the Smithsonian Institution continues its sleepy dream about "diffusing knowledge among *men*"—that is the emphasis they put upon it, as if to exclude women and all other mammalia, whether ruminants, ungulata, or pachyderms—while Prof. Blodget finds refuge from its inhospitable walls in the Surgeon-General's office, and there, in a few months, elaborates a work upon climate, which leaves nothing but a beaten track for the stupid old government school to follow in. At Boston they succeed in maintaining their modern Athenian dignity; and at Albany they are in a "dwam" whether people die soonest from ether, chloroform, air in the jugular, blood out of it, or severance of the thoracic duct (!) At Plattsburg, the *Northern Lancet*, once belligerent beyond measure, the doughty opponent of Dr. Reese, and the chivalric supporter of Prof. Bedford, has dwindled to an emaciated weekly, published on the dirtiest of whitey-brown paper, as meek as Moses in its editorials; and so the wars are all over.

Not quite. Our quondam antagonist, the *Peninsular Journal*, with its four capital editors, wages bloody contest on Dr. Davis of the Northwestern. "The young man from Binghampton" replies with spirit, pitches into government schools generally, discourses on the anæsthetic influence of government pap in its operation on salaried professors, and recites with vigorous unction those manifold arguments which erst we uttered in our own little quarrel with the same party some years agone. Ah! Dr. Davis! we would like to help you in that battle, and did you need us, you would find us at your side *instanter*.

Our own pet discussion on pneumonia is not dead yet—indeed the heaviest gun yet fired graces our present issue. In the mean time, a side-fight is going on in private and hospitable practice, and the ides of March will enable the "tendency-to-recovery party" to enumerate cases by the dozens and fifties, of double, single, sthenic, asthenic, simple and complicated pneumonia, going on to health under the mildest treatment.

These latter however are, we believe, the only belligerencies now manifest in the journals. Let us look for news at home and abroad.—*Buffalo Medical Journal*, Feb. 1856.

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Lecture on Clinical Teaching. By William Fergusson, F. R. S., Professor of Surgery in King's College, and Surgeon to King's College Hospital.—This being the first opportunity I have had, since the commencement of the present session, of addressing you in what some are pleased to call a clinical lecture, I think I cannot do better than explain to you the views I hold with regard to clinical teaching, and the method I am in the habit of following in offering that instruction. I am the more induced so to do, as considerable differences exist with regard to the system of clinical teaching. It is of frequent occurrence to find clinical instruction and clinical lectures used as synonymous terms, and a great deal of stress is put upon this style of

teaching; but there is, in reality, considerable difference between the two methods; and I have no hesitation in saying, that clinical lectures constitute only a small portion of clinical teaching. I say this, because I often observe clinical lectures are not of the style that answers to what I suppose to be meant by the expression of clinical teaching.

It not unfrequently occurs, that a clinical teacher selects a certain number of cases, and makes them the text of his lecture; but that is all, for the thread of his discourse runs mainly on the principles and practice of that disease, of which these selected instances are the type, and not on the cases themselves. Should these cases, however, vary in any special manner from each other, the student would derive much greater benefit by his teacher pointing out the main characteristics of that difference, discussing the correctness of his views, and stating the reasons which induced him to arrive at the definite opinion he may have offered, than if his remarks were of a more general character. In thus criticizing his own dealings with his patients, I believe a more lasting impression would be made on the minds of his hearers.

In my system of clinical teaching, I am in the habit of selecting cases that I deem of special interest from those patients who are under my care in the surgical wards of the hospital, and likewise from among those persons who are sent to me by medical men in town and elsewhere, for the sake of my opinion. I consider the study of these latter cases as highly instructive, as they are instances of disease which may be difficult of diagnosis, or at all events examples presenting some source of more than usual interest.

With regard to the mode of dealing with cases that are intended for special clinical instruction in the surgical wards, the remarks of the teacher should be made at the bedside, or in some part of the ward in which the patient is lying; but this is often very inconvenient, and circumstances may not always permit of lucid explanations being given on the spot. In many cases it is not desirable to offer any particular remarks or raise any discussion in the hearing of the patient; and, again, the ward is not quite the place for such remarks, as a kind of freemasonry often exists among the inmates, so that what is said at one end of the ward is subsequently retailed at the other. Considerable harm may be done in this way, especially in those cases in which it is highly necessary that the sufferer should be kept in ignorance of the real nature of his disorder, a true knowledge of which might exert such an influence upon him as to render his danger more imminent. I have said it is improper for the teacher to state too much in the hearing of his patients; indeed, he cannot be too particular on this point, for the slightest expression on the part of the surgeon is frequently construed into the most definite opinion. Even students who hear the opinion of their teacher expressed without any restriction should be careful not to carry such information to the wards, for in this way I have known the most serious consequences to ensue, the patients taking unnecessary alarm, suddenly leaving the hospital, and so preventing the surgeon and students from tracing to the last the details of cases which may be of great interest.

Many of these remarks are alike applicable to private as well as to public practice. In the former, particularly, the surgeon should be most careful not to say too much regarding his cases to those who are not in a position to demand such information.

If clinical remarks cannot always be made at the bedside of the patient or in his ward, it is necessary that some other place should be selected, and proper opportunities taken by the teacher to address his pupils. It is for this reason that you are frequently assembled in this theatre, which, in fact, may be considered as the bedside. The cases to which allusion is made, if not actually before you at the moment, should be fresh in your recollection.

This, then, is the method that I usually follow in my clinical teaching;

and in order that you may derive as much information as possible, I strongly advise you to give as much of your attention as is compatible with your other duties, to the study of disease in the wards of the hospital. It will not suffice for you to content yourselves with hearing clinical instruction in the lecture-room, as that forms only a part, and I am not prepared to say the greater part, of your surgical studies. It is needful that you should see and accustom yourselves to the diagnosis of cases in the wards, catching the observations that your teacher may think necessary to make, and watch carefully the treatment that is carried out for the cure or palliation of disease, before it be brought under your more critical and special notice in the lecture-room. By attending to these points, you will be better able to appreciate any observations that I may deem expedient to add to those I have already made. The patients who visit me at the hospital furnish subjects for an external clinique, and by watching my dealings with these cases, you may pick up a great deal of useful information. It is a common idea, that the surgical teacher imparts his knowledge solely by his tongue, and that all information must be conveyed by that organ to his pupils. Now, you must not suppose that you can obtain all necessary information by your ears; you must make good use of your eyes. For my own part, I am not sure that I could not teach a deaf man surgery if he would only make good use of his eyesight.

While it is of advantage to glean as much information by your ears as possible, you must still remember that there are many points that can only be acquired by minutely watching the actions of the surgeon. I say this from the circumstance, that I do many things myself without making any special remark, and I would fain hope that you are capable of appreciating such without the necessity that I should make special reference to subjects of comparatively minor importance, which, if often repeated and insisted upon, would probably produce a bad effect, and prove tedious to those of you who must have become more or less familiar with them.

I have mentioned two sources from whence I select proper instances for clinical teaching. There is yet another. It is from those patients who come into this theatre for the purpose of undergoing an operation for the cure or alleviation of the diseases under which they may be laboring

I will briefly explain to you my own impressions of the importance of witnessing a surgical operation in all its details.

No doubt, the principal utility of an operating theatre in a hospital which is attended by a numerous body of students, is, that they may have the advantage of seeing every operation of importance. Now, there are many surgeons who, though they may tell their pupils the right use of such an arrangement, will in the performance of an operation, so conduct their movements as to prevent the assembly seeing each individual step. It is by no means an uncommon occurrence to see the surgeon, attended by his assistants, completely surrounding the patient, and entirely precluding the main body of students from witnessing the operation. Now, this is not an exaggeration; I have seen it done many times. The older pupils among you must be conversant with my views upon the matter. Whatever I do in this theatre, my best endeavors are directed to the advantage of the unfortunate sufferer, but in so doing I never forget the duty I owe to you. I place myself and assistants in positions, perhaps not always the most convenient to ourselves, but which will not prevent you from obtaining the object for which you came.

As regards the performance of an operation, everything may seem to go on smoothly, all the steps necessary to go through having been previously studied. The instruments are duly selected and arranged, and the assistants know their duty beforehand. But sometimes a new feature is developed in the midst of an operation, unforeseen circumstances rendering it necessary that the projected plan should be altered, whereby another kind of manipu-

lation and different instruments are required; and, should these not be at hand, delay is occasioned, perchance of detriment to the patient, and, at all events, of annoyance to the surgeon. To show you the importance of having all necessary instruments at hand, that any emergency may be promptly met, I will relate an instance that occurred to myself. I remember, many years ago, being about to perform the operation of lithotomy, when every staff I had with me proved too large to pass into the patient's urethra. I was consequently, much to my annoyance, obliged to delay the operation till the arrival of a smaller instrument, which a kind friend, whose house was not far from the patient's residence, was not long in bringing. This was a lesson which has never been forgotten.

I have made these observations to-day, that those among you who are just commencing their studies at the Hospital should from the first be quite familiar with my method of clinical teaching. There are many little points to which I have alluded which may seem to give or to partake of a somewhat trivial nature, but which really I consider of the greatest importance.—*Virginia Med. and Surg. Journal*, May, 1855.

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The Physiology of the Different Varieties of Paralysis. By MARSHALL HALL, M. D., F. R. S., London. (Read before the Institute of France, Academy of Sciences.)—As there are two principal nervous centres, the brain and the spinal cord, so there are two great classes of paralyses, according as the influence of the brain or spinal system is intercepted or annihilated.

I denominate cases belonging to the first class, in which the palsied parts are deprived of the influence of the brain, *cerebral paralysis.* Cases in which the influence of the spinal cord is intercepted form my second class, *spinal paralysis.* I do not mean to imply by these terms that there are, in these cases respectively, lesions of the encephalon or spinal cord, but simply that by some disease or injury the influence of these organs is abolished, so far as the muscles of the palsied limbs are concerned. Hemiplegia is ordinarily a cerebral paralysis; but in some cases, a spinal paralysis also; whereas disease limited to a small part of the dorsal segment of the cord produces a *cerebral paralysis* of the lower extremities; the influence of the portion of spinal cord below the seat of disease continuing to reach the palsied limbs. The destruction of a considerable portion of the spinal cord, or a suspension or annihilation of the functions of the spinal cord produces a spinal paralysis.

A cerebral paralysis, I repeat, is one in which the muscles are deprived of the influence of the brain; a spinal paralysis, one in which the muscles are deprived of the influence of the spinal cord.

Facial hemiplegia is a cerebral paralysis; paralysis of the facial nerve is a spinal paralysis. The distinctive characteristics of these two classes of palsies are as follows:—

In cerebral paralysis, the influence of the will is alone interrupted. When this paralysis is complete, voluntary movements are abolished. All the functions depending on the medulla oblongata and spinal cord persist. We have, in different cases—

1. Emotional movements;
2. Movements connected with yawning, coughing, etc.;
3. Diastolic movements;
4. Tonic symmetrical contractions of the hands;
5. Comparative increase in the irritability of Haller;
6. Comparative increase in susceptibility to the action of strychnia.

In spinal paralysis, the four species of movements above enumerated are not observed, and the Hallerian irritability is comparatively less.

I return to cases of hemiplegia. In most cases, shortly after the attack, there is somewhat of an amelioration, a partial return of voluntary power; the phenomena I have mentioned are manifested also. In other cases there

is no amelioration; the phenomena adverted to are absent or scarcely perceptible. There are no tonic spasms of the hand and arm; the Hallerian irritability is not augmented. It might be said that such cases were exceptions to the rules I have laid down. The truth is, it appears to me, that, in such instances, the shock of the attack has been sufficient to destroy, so to speak, the nervous power of the spinal system. Thus, when we divide the spinal marrow of the frog from the brain by an incision, we suspend nervous power, so as to abolish diastolic movements. A yet more violent shock, as a stroke of lightning, would annihilate it altogether.

These phenomena are objects of pure observation, excepting that relating to irritability. To test this function of the muscular fibre, I have experimented on various occasions, with the aid of galvanism, and repeated my experiments with every precaution.

I made use of a simple galvanic current, produced by a Cruikshank machine. I placed a palsied and a sound hand, for example, in the same basin of pure water, and the feet in another, and carefully observed which was affected by the slightest degree of galvanism. I found that in cerebral paralysis, the palsied limb is most susceptible of galvanic excitation; whereas, in spinal paralysis, the palsied limb is less susceptible than the sound one.

I deduce from these experiments many conclusions of interest both to the physiologist and the physician.

1. That the brain, by its acts of volition, tends to exhaust muscular irritability.

2. That the spinal marrow, on the contrary, is the source of this irritability.

3. That galvanism will serve to diagnosticate between cerebral paralysis and spinal paralysis.

The phenomena I have already enumerated: yawning, the effects of emotion, diastolic movements, symmetrical tonic spasms, the effects of strychnia, etc.

Besides cerebral and spinal paralysis, there are nervous affections connected with the medulla oblongata and pneumogastric nerves, which I propose to discuss on a future occasion, as well as the diseases of the ganglionic system.

Lastly, to complete our enumeration of paralyses, there remain several varieties of palsy that are exceedingly obscure; paralysis *cum agitatione;* paralyses *e plumbo, e rheumatismo, ex hysteria, e dentitione,* etc. Much labor is requisite before we can form clear ideas on these diseases. Emotions, spinal irritation, the action of poisons, the influence of pain, the effect of shock—what a field for study!—*Virginia Med. and Surg. Journal,* Sept. 1855.

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Legal Responsibility.—Judge Minot, of Pennsylvania, has laid down the following rules of law, as applicable to physicians: 1. The medical man engages that he possesses a reasonable degree of skill, such as is ordinarily possessed by a profession generally. 2. He engages to exercise that skill with reasonable care and diligence. 3. He engages to exercise his best judgment, *but is not responsible for a mistake of judgment.* Beyond this the defendant is not responsible. The patient himself must be responsible for all else; if he desires the highest degree of skill and care, he must secure it himself. 4. It is a rule of law that a medical practitioner never insures the result. These are received in general as sound views, and such as will govern every enlightened court. There could scarcely be a greater absurdity than to require physicians and surgeons to insure the result, when they can in no case control all parts of the treatment. Few serious cases are carried through a single day, and many not a single hour, without a violation of instructions on the part of nurses and attendants.—*Peninsular Journal of Medicine and Collateral Sciences.*